

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000057154

1. Corporation Name

FORENSIC PSYCHASSESSMENTS, P.A.

Principal Place of Business

10833 S.W. 132ND CIRCLE CT.  
MIAMI FL 33186

Mailing Address

10833 S.W. 132ND CIRCLE CT.  
MIAMI FL 33186



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/05/2000

5. FEI Number

65-1022694

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPTD	ZANNIS, MARIA D	10833 SW 132ND CIRCLE CT	MIAMI FL 33186
PDS	KLEIN, SANDRA M	19940 NE 24 AVE	MIAMI FL 33180

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8. Name and Address of Current Registered Agent

ZANNIS, MARIA D  
10833 S.W. 132ND CIRCLE CT.  
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/21/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 (352) 336240

CR2040 (8/02)

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# FORENSIC PSYCHASSESSMENTS, P.A.

10833 Southwest 132<sup>nd</sup> Circle Court • Miami, Florida 33186 • (305) 383-6260

October 21, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Document # P00000057154  
FEI # 65-1022694

To Whom It May Concern:

My corporation just received a Certificate of Administrative Dissolution or Revocation notice. I am somewhat confused due to the fact that a check in the amount of \$150.00 was sent to the Department of State back in February of this year. I checked with my accounting department and have discovered that though the check was indeed mailed to Tallahassee, it was never cashed. I have spoken to someone at your department who advised me to resend the \$150.00 for license renewal. I have also added \$8.75 for a Certificate of Status.

If you have any questions, please call the number above at any time. Thank you for your time in this matter.

Sincerely,



Maria D. Zannis, Psy. D.  
Owner/Operator