
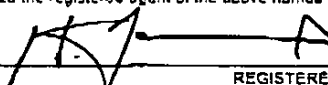
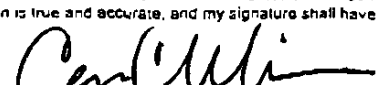


1003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 JUN 23 PM 1:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # PD0000117788 1. Corporation Name MENTAL HEALTH ASSOCIATES, INC.					
2. Principal Office Address 14 W. Jordan Street		3. Mailing Office Address (same)		4. Date Incorporated or Qualified To Do Business in Florida 12/20/2000 5. FEI Number 59-369-3264 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status	
Suite, Apt. #, etc. Suite 2-B		Suite, Apt. #, etc. (same)			
City & State Pensacola, FL		City & State (same)			
Zip 32501	Country U.S.A.	Zip (same)	Country (same)		
7. Name and Address of Current Registered Agent					
Name H. Frank Winn, Jr.					
Street Address (P.O. Box Number is Not Acceptable) 322 S. Alcaniz St.					
Suite, Apt. # Etc. 					
City Pensacola				State FL	Zip Code 32502
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent 		H. Frank Winn, Jr.		Date 6/23/05	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
TITLE	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Pres.	David Grady	29862 N. Tatum Blvd. #1034		Cave Creek, AZ 85253	
Dir.	Carson C. Winn	3103-B East Blount St.		Pensacola, FL 32503	
Sec.					
Treas.					
				700056478997 06/23/05 01050-001 **220.00	
				600056479086 06/23/05 01050-002 **600.00	
10. 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)(c), 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: 		Carson C. Winn		6/23/05 (850)469-0128	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

MENTAL HEALTH ASSOCIATES of PENSACOLA, INC. *Zc13*

14 West Jordan Street Suite 2-B
Pensacola, Florida 32501

Phone: (850) 469-0128
Fax (850) 469-0132

June 23, 2005

PERSONAL & CONFIDENTIAL

Michelle Milligan
Florida Division of Corporations
Corporate filings
P.O. Box 6327
Tallahassee, FL 32314
FAX: (850) 245-6017

Re: Mental Health Associates, Inc.
P00000117788 (Reinstatement and name change)
and
Mental Health Associates of Pensacola, Inc.
P05000039983 (Dissolution)

Dear Ms. Milligan:

Thank you for your advice and assistance in the matter. We are requesting reinstatement of Mental Health Associates, Inc., with change of name to Mental Health Associates of Pensacola, Inc.

We request reinstatement without penalty with waiver of reinstatement fees for the years of 2001 to 2005.

The corporation Mental Health Associates, Inc. (P00000117788) had been administratively dissolved. We believe that no notice of annual report due was received for 2001.

We have no intention of revoking the enclosed voluntary dissolution of the newly formed Mental Health Associates of Pensacola, Inc. (P05000039983), and release that name to the original corporation Mental Health Associates, Inc. (P00000117788).

As I understand the requirements, I enclose: \$220, as follows:

Reinstatement of Mental Health Associates, Inc. (P00000117788)	750.00
Articles of Amendment to change name (P00000117788)	35.00
Articles of Dissolution for Mental Health Associates of Pensacola (P05000039983)	<u>35.00</u>
	Total 820.00
Less on deposit with your office	<u>600.00</u>
Balance due	<u>\$220.00</u>

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I further enclose:

For Mental Health Associates, Inc. (P00000117788)

(1) Corporate Reinstatement document

(2) Cover Letter and Articles of Amendment to change name.

For Mental Health Associates of Pensacola, Inc. (P05000039983)

(1) Cover Letter and Articles of Dissolution.

If anything else be required, please advise.

Very truly yours,



Carson C. Winn

Corporate Secretary

CCW/bwb

Enclosures