

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 24 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000120256
1. Corporation Name Light House Community Mental
Health Center, INC.

500015279495
01/03/03--01013--028 **900.00

REINSTATEMENT 02-03

2. Principal Office Address <u>1704 N.W. 7th</u> Suite, Apt. #, etc. _____ City & State <u>Miami, FL.</u> Zip <u>33125</u> Country <u>U.S.A.</u>		3. Mailing Office Address <u>1704 N.W. 7th</u> Suite, Apt. #, etc. _____ City & State <u>Miami, FL.</u> Zip <u>33125</u> Country <u>U.S.A.</u>	
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4. Date Incorporated or Qualified To Do Business in Florida <u>12-20-01</u>	
5. FEI Number <u>02-0555072</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Alejandro M. Menendez
Street Address (P.O. Box Number is Not Acceptable)
150 S.E. 25th RD. # 11A
Suite, Apt. #, Etc.
11A
City
Miami

State
FL
Zip Code
33129

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

[Signature]

Date 3-21-03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D.	Juan F. Rig	1704 N.W. 7 th	Miami, FL 33125
V.D.	Michael A. Mendoza	1704 N.W. 7 th	Miami, FL 33125
S.D.	Alejandro M. Menendez	1704 N.W. 7 th	Miami, FL 33125

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael Mendoza V.D.

3-21-03
Date

(305) 541-2600
Daytime Phone #

3/24