

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -3 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000016652

1. Corporation Name

GABLES THERAPY CENTER, INC.

5072 NW 74 AVE

SAME

2. Principal Office Address

5072 NW 74 AVE

Suite, Apt. #, etc.

STE: 1-A

City & State

MIAMI, FL

Zip

33166

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 02-13-02

5. FEI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SANDRA SANTACRUZ

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

5072 NW 74 AVE

Suite, Apt. #, Etc.

STE: 1-A

City

MIAMI

State

FL

Zip Code

33166

700037798017
06/09/04--01029--023 ***300.00

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

Sandra Santacruz
REGISTERED AGENT MUST SIGN

Date 06-02-2004

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	SANDRA SANTACRUZ	5072 NW 74 AVE., STE: 1-A	MIAMI, FL 33166

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:

Sandra Santacruz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06-02-2004

Daytime Phone #

CR2001 (01/04)