

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000092359

1. Corporation Name

ALPHA COMMUNITY MENTAL HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

6240 S.W. 21ST ST.
MIAMI FL 33155

6240 S.W. 21ST ST.
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

7801 SW 24 street

7801 SW 24 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

Suite 105

City & State

City & State

Miami, FL

Miami, FL

Zip

Zip

33155

33155

Country

MIAMI DADR

Country

MIAMI DADR

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/2002

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RIVERO-GUEVARA, ANDRE	7801 CORAL WAY, SUITE 105	MIAMI FL 33155
VD	MUSSINI, MARIA	7801 CORAL WAY, SUITE 105	MIAMI FL 33155

700024335667
10/31/03--01072--005 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIVERO-GUEVARA, ANDRE
6240 S.W. 21ST ST.
MIAMI FL 33155

Name

Maria Mussini

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

7801 SW 24 street

Suite, Apt. #, Etc.

Suite 105

City

Miami, FL

State

FL

Zip Code

33155

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

X

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/27/03

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/03

Daytime Phone #

CR2040 (7/03)

ALPHA
COMMUNITY MENTAL HEALTH CENTER

Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, Fl. 32314-6327

Re: Administrative dissolution of Corporation

Dear Sir or Madam,

This is to inform you that Alpha Community Mental Health Center did not receive two separate uniform business reports (UBR). The address is incorrect and there have been problems at our location with the mail service.

Our correct address is: 7801 SW 24 ST
Suite 105
Miami, Fl. 33155

Enclosed is the appropriate filing fee. Thank you for any assistance in this matter. If you have any questions, please feel free to contact me.

Maria Mussini



Vice-President

10/17/2003

7801 SW 24TH STREET, SUITE 105 MIAMI FL, 33155 (305) 264-3225