

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 22 AM 8:52

DOCUMENT # POS000077315

1. Corporation Name Kaizen Mental Services

WI-2019

2. Principal Office Address - No P.O. Box #

2529 SW 8 ST
MIAMI, FL 33135

3. Mailing Office Address

2529 SW 8 ST
MIAMI, FL 33135

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

City & State

MIAMI, FL.

Zip

33135

Country

USA

Zip

33135

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/27/2005

5. FEI Number

20-2912809

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 SAUL ACOSTA

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

561 N.W. 43 place

Suite, Apt. #, Etc.

City MIAMI,

State FL

Zip Code 33126

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]

REGISTERED AGENT MUST SIGN

Date 01-10-10

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
<u>P</u>	<u>SAUL ACOSTA</u>	<u>561 NW. 43 place</u> <u>MIAMI, FL 33126</u>	<u>MIAMI, FLA. 33126</u>
<u>VP</u>	<u>SERGIO ACOSTA</u>	<u>561 NW. 43 place</u> <u>MIAMI, FL 33126</u>	<u>MIAMI, FLA. 33126</u>

900166065289
01/22/10-01029-006 **\$600.00

10. E-mail Address: Kaizenmental@gmail.com

(To be used for future annual report notification)

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, further certify, 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

Daytime Phone #

01-10-10 786
313-4644