

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -9 PM 2:28

DOCUMENT # P06000124041

1. Corporation Name

PSYCHIATRY INTERNATIONAL P.A.

300136780749
10/09/08--01041--011 **150.00

CR2E081 (10/08)

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

6086 POND BLUFF CT

Suite, Apt. #, etc.

3. Mailing Office Address

6086 POND BLUFF CT

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH

Zip

Country

33467

Zip

Country

33467

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/2006

5. FEI Number

20-5622358

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

JOSE REYES

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

6086 POND BLUFF CT

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10/06/2008

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	JOSE REYES	6086 POND BLUFF CT	LAKE WORTH, FL 33467

B 10/14/08

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/2008

Date

(561) 573-0037

Daytime Phone #