

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000102377

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**Entity Name:** MULTICULTURAL COMMUNITY MENTAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

2721 POINSETTIA AVE  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

22721 POINSETTIA AVE.  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 26-1118715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANUEL L. CRESPO, ESQ., P.A.  
10765 S.W. 104TH ST  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MANUEL L. CRESPO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** HERNANDEZ FABIAN, RAUL  
**Address:** 5200 N. FLAGLER DRIVE APT.406  
**City-St-Zip:** WEST PALM BEACH, FL 33407

**Title:** DV  
**Name:** MANTILLA, RENE  
**Address:** 800 N.E. 195 ST. UNIT 409  
**City-St-Zip:** MIAMI, FL 33179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** RAUL HERNANDEZ FABIAN

DP

02/01/2010

Electronic Signature of Signing Officer or Director

Date