PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	2024 SEP 20 PH 3: 25
DOCUMENT # P20000027017 1. Corporation Name		n HASSEE, FL
Essential Mental Health INC		700436901747 09/20/2401018008 **900.00
Surte. Apt. #, etc. # 304 City & State TAMPA, FLURIDA Country Zip Country Zip		4. Date Incorporated or Qualified To Do Business in Flonda 05 21 20 20 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required
73614 USA 3	33614 USA	for a Certificate of Status
Name Esther Fleitas f Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #. Elc. # 304 City	adron Luc State Zip Code	REINSTATEMENT 2023 - 2024
8. I, being appointed the registered agent of the above named comparation am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.		
Signature of Registered AgentREGIS	Date 09 10 24	
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
OWNERP Ether Floitas Pac	dron 4311 W Water:	1304 - TAMPA FL 336/4
		SEP 2 3 2024
		M. WILLIAMS
10. E-mail Address: Cssentia LMenta Cheath 1 @ gmail. com (To be used for future about report notification)		
1.1 Certify that I am an officer or director or the reserver or trustee empowered to execute this application as provided for in chapter 607 or 617, FS. I further certify that when filing this reinstatement application, the reason (fir dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 617,0401, F.S., and that all fees owed by the corporation have been and I 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. I am aware that fattle information submitted in a good of the Department of State constitutes a flurid degree fellony as provided for in s. 817.155, F.S. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		