

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000068395**

1. Corporation Name

NEUROBEHAVIORAL INSTITUTE OF MIAMI, INC.

Principal Place of Business

2801 PONCE DE LEON
#780
CORAL GABLES FL 33134

Mailing Address

P.O. BOX 14-2064
CORAL GABLES FL 33114-2064

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

2. New Principal Office Address, If Applicable

1378 Coral Way
Suite 500

City & State
Miami FL

Zip
33143

Country

3. New Mailing Office Address, If Applicable

P.O. Box 142064

City & State
Coral Gables FL

Zip
33114-2064

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1993

5. FEI Number

65-0585789

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | HERRERA, JORGE A | 242 PALERMO AVE. | CORAL GABLES FL 33134 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

HERRERA, JORGE A
242 PALERMO AVE.
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box or Mailing Address is Not Applicable)

Suite, Apt. #, Etc.

City

State

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/31/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/31/03

(305) 445-9554



000025939110

01/02/04--01051--022 **900.00

000025939110

03/16/04--01025--022 **150.00

000025939110

04/29/04--01067--005 **150.00

CR20040 (8/01)