PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 OCT 31 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97

DOCUMENT # P93000076647 (5)

1. Corporation Name

ST. THOMAS CMHC, INC.

Principal Place of Business	Mailing Address
717 PONCE DE LEON BLVD. SUITE 304 CORAL GABLES, FL 33134	717 PONCE DE LEON BLVD. SUITE 304 CORAL GABLES, FL 33134

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/01/93

5. FEI Number: 65-00455864 — 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P,D	MITTS, ESTILL D.	717 PONCE DE LEON BL. #237	CORAL GABLES, FL 33134

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-11/03/97--01100--010
****750.00 ****750.00

8M 10/31

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DE FERIA, JANELLA 717 PONCE DE LEON BLVD, SUITE 237 CORAL GABLES, FL 33134	Name: ROMERO, SYLVIA Street Address (P.O. Box Number is Not Acceptable): 717 PONCE DE LEON BLVD. Suite, Apt. #, Etc.: SUITE 237 City: CORAL GABLES, State: FL, Zip Code: 33134

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 _____

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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

10-23-97 Date

(305) 448-1751 Daytime Phone #

CR2E040 (12/96)