

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

AND FILED

97 OCT 31 PM 4:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

4. Date Incorporated or Qualified To Do Business in Florida

11/01/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-00455864

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,D	MITTS, ESTILL D.	717 PONCE DE LEON BL. #237	CORAL GABLES, FL 33134

200002336342--5
 -11/03/97--01100--010
 ****750.00 ****750.00

DM 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

[Handwritten Signature]

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-97
 Date

(305) 448-1751
 Daytime Phone #

CPRE040 (12/96)