

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**REINSTATEMENT** 96+97  
mwg

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT #**  
994000034656  
QUALIPSYCH, INC.  
717 Ponce de Leon Blvd.  
Suite 305  
Coral Gables, Florida 33134

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

05/06/94

5. FEI Number

65-0699254

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
D/P	Garrido, Angel	717 Ponce de Leon Blvd. Suite 305	Coral Gables, FL 33134
D/V/S	Mandri, Daniel	717 Ponce de Leon Blvd. Suite 305	Coral Gables, FL 33134

400002081034--3  
-02/07/97--01015--002  
\*\*\*\*\$40.00 \*\*\*\*\$40.00

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

Saez, Pedro P.  
901 Ponce de Leon Blvd.  
Suite 701  
Coral Gables, Florida 33134

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

FL.

Zip

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 1/22/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date

Daytime Phone # 305/448-1417

Typed or printed name of signing officer or director

ANGEL E. GARRIDO