PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

ARTICLES ACCEPTED AND FILED
97 DEC -8 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000052630

1. Corporation Name
DADE CENTRAL MENTAL HEALTH CLINIC INC.

Principal Place of Business
6400 BISCAYNE BLVD
MIAMI - FL. 33138

Mailing Address
SAME

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

2. New Principal Office Address, If Applicable
N/A
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
N/A
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
6-30-95

5. FEI Number
65-0595137
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)

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
DIRECTOR	MICHELE PEREZ	6871 S.W. 59 ST.	MIAMI FL. 33143
PRES.	OILDA RIVERA	9104 S.W. 70 TERR	MIAMI - FL. 33173
SEC.	OILDA RIVERA	" "	700002369657--1
TRES.	OILDA RIVERA	" " " "	-121797--01082--005 ****925.00 ****925.00
			A. Allen 12/5/97
			REINSTATEMENT 1997

8. Name and Address of Current Registered Agent
J. EVERETT WILSON
CAPITAL BANK BLDG. MEZZANINE
3151 LE JEUNE RD.
CORAL GABLES - FL. 33134-4800

9. Name and Address of New Registered Agent
Name: HOWARD BRODSKY
Street Address (P.O. Box Number is Not Acceptable): 2701 SOUTH BAYSHORE DRIVE.
Suite, Apt. #, Etc.: SUITE 602
City: MIAMI | State: FL | Zip Code: 33133

CR2E040 (12/96)

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: Howard Brodsky
REGISTERED AGENT MUST SIGN
Date: 12-4-97

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: Michele Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-97
Date

(305) 751-4600
Daytime Phone #