

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION FOR REINSTATEMENT



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

FILED
97 OCT -1 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000068538

1. Corporation Name
COMMUNITY MENTAL HEALTH CENTER OF OKLANDO, INC.

Principal Place of Business
8222 WILES ROAD
SUITE 171
CORALS SPRINGS, FL 33067

Mailing Address
16211 NE 18TH AVE.
NORTH MIAMI BEACH,
FL 33162

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

REINSTATEMENT 9/16/97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9/1/95	
City & State		City & State		5. FEI Number	
Zip		Country		59-3331457	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	WARREN FREISTAT	16211 N.E. 18TH AVE.	NORTH MIAMI BEACH, FL 33162
			200002310672--5 -10/02/97--01118--013 ****915.00 ****815.00
			200002310672--5 -10/02/97--01118--014 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARREN FREISTAT
16211 NE 18TH AVE
NORTH MIAMI BEACH,
FL 33162

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc		
City	State	Zip Code
	FL	

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

Warren Freistat

REGISTERED AGENT MUST SIGN

Date

9/30/97

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:

Warren Freistat

WARREN FREISTAT 9/30/97 (305)945-4151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)