

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000075891**

1. Corporation Name

**COMMUNITY MENTAL HEALTH CENTER
OF WEST PALM BEACH, INC.**

Principal Place of Business

Mailing Address

**16211 N.E. 18TH AVENUE
NORTH MIAMI BEACH,
FLORIDA 33162**

SAME

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

10/3/95

5. FEI Number

65-0606700

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
P/D	WARREN FREISTAT	16211 N.E. 18TH AVENUE	NORTH MIAMI BEACH, FL. 33162
			600002310676--2 -10/02/97--01118--015 *****8.75 *****8.75
			600002310676--2 -10/02/97--01118--016 *****915.00 *****915.00

8. Name and Address of Current Registered Agent

**WARREN FREISTAT
16211 N.E. 18TH AVENUE
NORTH MIAMI BEACH, FL. 33162**

9. Name and Address of New Registered Agent

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/97

305-945-4151

Date

Telephone Number

CP2E040 (12-96)