

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 NOV 24 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000076068**

1. Corporation Name

MENTAL HEALTH MANAGEMENT, INC.

Principal Place of Business

**12081 ASHFORD LANE
DAVIE FL 33325**

Mailing Address

**12081 ASHFORD LANE
DAVIE FL 33325**



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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 10/05/1995 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-0616347 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input 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 |
|------------|-------------------------------------|---|---|
| D | CARLOW, SHELLI H | 12081 ASHFORD LANE | DAVIE FL 33325 |
| | | | 800002357398--5 -11/26/97--01010--011 ****165.00 ****165.00 |
| | | | 800002357398--5 -11/26/97--01010--012 ****585.00 ****585.00 |
| | | | REINSTATEMENT |

8. Name and Address of Current Registered Agent

**SOSS, MARC J
11050 MINNEAPOLIS DRIVE
COOPER CITY FL 33026**

9. Name and Address of New Registered Agent

Name
shellli carlow

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc. **12081 Ashford LANE**

City

Davie

State

FL

Zip Code

33325

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 **Shellli Carlow - PRESIDENT**
REGISTERED AGENT MUST SIGN

Date **NOVEMBER 18 1997**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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: **Shellli Carlow**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/28/97** Daytime Phone # **954 680-3707**

CR2000 (9/97)