

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

96 NOV -8 PH 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000090374**

1. Corporation Name

**MENTAL HEALTH MANAGEMENT EXTENDED CARE SERVICES
OF FLORIDA, P.A.**

Principal Place of Business

**3217 NORTH MONROE STREET
TALLAHASSEE FL 32303**

Mailing Address

**3217 NORTH MONROE STREET
TALLAHASSEE FL 32303**

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

2. New Principal Office Address, If Applicable

Att: Val Frentz, LCSW

1823 BuFord Ct

TALL FL

32308 USA

3. New Mailing Office Address, If Applicable

H&I / MHH ATT: BOB MAY

Suite 100 3200 Pointe Parkway

Norcross GA

30092 USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/1985

5. F.I. Number

59-3356487

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED **A**

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
PSTD	FRENTZ, VAL J LCSW	3217 NORTH MONROE STREET 1823 BuFord Ct	TALLAHASSEE FL 32303 32308
D	FRENTZ, KEVIN PH.D.	3217 NORTH MONROE STREET 1823 BuFord Ct	TALLAHASSEE FL 32303 32308
VPD	HEALY, JIM PH.D.	515 EAST PARK AVENUE 1823 BuFord Ct	TALLAHASSEE FL 32307 32308
D	FRESTONE, JIM PH.D.	3200 POINTE PARKWAY, SUITE 100	NORCROSS GA 30082
D	Montano, Joseph MSW	3200 Pointe Parkway Suite 100	Norcross Ga 30092
400002003734 -11/13/96--01185--009 ****382.75 ****383.75			

8. Name and Address of Current Registered Agent

**PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301**

REINSTATEMENT

Name

Address (P.O. Box Number if Not Applicable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

[Signature]

SIGNED

Date

11-8-96

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/96

Date

904-844-6200

Daytime Phone #