

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR
REINSTATEMENT



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

FILED

97 NOV 18 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000078120

1. Corporation Name

PSYCHOLOGICAL CONSULTANTS AND HUMAN RESOURCES INC.

Principal Place of Business

4765 NORTH BAY ROAD
MIAMI BEACH FL 33140

Mailing Address

4765 NORTH BAY ROAD
MIAMI BEACH FL 33140

4722 SW 74 Ave
MIAMI, FL 33155

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

4722 SW 74 Ave
MIAMI FL

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Same
MIAMI FL

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/18/1996

5. FEI Number

65-0700504

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
D	HERNANDEZ, LIBERTAD	4765 NORTH BAY ROAD 4722 SW 74 Ave	MIAMI BEACH FL 33140 MIAMI FL 33155
T, V	Nelson Farnadas	4722 SW 74 Ave	MIAMI FL 33155
			800002353078--7 -11/20/97--01076--024 ****173.75 ****173.75

8. Name and Address of Current Registered Agent

HERNANDEZ, LIBERTAD

4765 NORTH BAY ROAD
MIAMI BEACH FL 33140

4722 SW 74 Ave
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

Libertad Hernandez

REGISTERED AGENT MUST SIGN

Date 11-17-97

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:

Libertad Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-97

Date

Daytime Phone #

CR2E040 (8/97)

Psychological
196000078120

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To Whom it may concern,
As per my phone conversation
11/17/97 with Leslie at the
Reinstatement Office she
informed me of the fact
that the check I mailed
on April 22 1997 with the
application had been received
and returned to me on
4/30/97 which I never received
I am re sending it Federal
Express as per Leslie and in
the future I will call to
check if everything is O.K.
Thanks for waiving the
penalty (since I did it on
time) but still I never
took the time to check
if it was O.K.
Thanks again

Robert Kennedy