

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF CORPORATION
03 APR 17 PM 2:42

DOCUMENT #

P9900012914

1. Corporation Name

ADVANCED BEHAVIORAL NETWORK, P.A.

2. Principal Office Address

147 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE 205

City & State

CORAL GABLES, FL

Zip

33134

Country

DADE

3. Mailing Office Address

147 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE 205

City & State

CORAL GABLES, FL

Zip

33134

Country

DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-8-99

5. FEI Number

65-0893590

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

DR. MARIA P. GONDRA

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

147 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

SUITE 205

City

CORAL GABLES

800018130688

04/17/03--01008--015 **600 00

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Dr. Maria P. Gondra

Date

4/10/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARIA P. GONDRA	147 ALHAMBRA CIRCLE SUITE 205, Coral	Coral Gables, FL 33134
V	MARIA P. GONDRA	"	"
T	MARIA P. GONDRA	"	"

10. 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:

Maria P. Gondra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 305-272-7957

Date

Daytime Phone #

CR2E061 (10/02)

Advanced Behavioral Network, P.A.
147 Alhambra Circle, Suite 205
Coral Gables, Florida 33135
(305) 648 0604

April 10, 2003

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Advanced Behavioral Network, P. A.
Document Number P99000012914

To Whom It May Concern:

Following my telephone conversations with your office today, I am enclosing the Corporation Reinstatement Form and a check in the amount for \$600.00 in order to reinstate the above named corporation to an active status

I became aware of the inactive status of my company while searching the Website. I was very much surprised to find out that Advanced Behavioral Network, P. A. had been inactive as of 9-22-2000. I never received any forms in the mail for the years, 2000, 2001 and 2002. As a matter of fact, I have never received any mail from your office.

Therefore, I am asking you to please review this case and to waive the reinstatement fees.

Thanking you in advance, I remain,

Sincerely,



Dr. Maria P. Gondra