

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W350002736

05 JUN 16 AM 8:53

DOCUMENT # P99000044379

1. Corporation Name

Weston Center for Psychological
Services, Inc.

2. Principal Office Address

1625 N. Commerce Pkwy

3. Mailing Office Address

1625 N Commerce Pkwy

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

Suite 305

City & State

Weston, FL

City & State

Weston FL

Zip

33326

Country

USA

Zip

33326

Country

USA

300055147053

05/23/05--01063--012 **750.00

REINSTATEMENT

03.05

4. Date Incorporated or Qualified
To Do Business in Florida

5-14-99

5. FEI Number

650957064

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dalia Saffa-Biller, Psy.D.

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

1051 Sunflower Circle

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

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

Dalia Saffa-Biller, Psy.D.

REGISTERED AGENT MUST SIGN

Date 5-18-05

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, D, T	Dalia Saffa-Biller, Psy.D.	1051 Sunflower Circle	Weston, FL 33326
VP	Manuel Iser, Psy.D.	988 SW 9th St. AA	Miami, FL 33130
S	Frederick Hoethke	424 Lakeriew Dr.	Weston, FL 33326

100056401551

06/21/05--01062--005 **308.75

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:

Dalia Saffa-Biller, Psy.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-18-05

Daytime Phone #

954 389-5563