

**2025 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P20000041394

**Entity Name:** MENTAL THERAPY REHABILITATIONS 2020 CORP

**Current Principal Place of Business:**

12485 SW 137 AVE  
STE# 202  
MIAMI, FL 33186

**Current Mailing Address:**

12485 SW 137 AVE  
STE# 202  
MIAMI, FL 33186 US

**FEI Number:** 85-1350837

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PORTO QUINTOSA, LIXANDRA  
12485 SW 137 AVE  
STE# 202  
MIAMI, FL 33186 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** PORTO QUINTOSA LIXANDRA

08/03/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PORTO QUINTOSA, LIXANDRA  
Address 12485 SW 137 AVE  
STE# 202  
City-State-Zip: MIAMI FL 33186

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LIXANDRA PORTO QUINTOSA

PRESIDENT

08/03/2025

Electronic Signature of Signing Officer/Director Detail

Date