PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

00 OCT 30 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767398

1. Corporation Name

SSpecialized Treatment, Education, and Prevention Services, Inc.

REINSTATEMENT 00

2. Principal Office Address	**3.** Mailing Office Address
1991 S Apopka Blvd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl	City & State
Zip: 32703 Country: Orange	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: SP

5. FEI Number: 63 0836930 ☐ 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: Kathleen Turner

Street Address (P.O. Box Number is Not Acceptable): 2917 N Pine Hills Rd

500003458015--4
-11/03/00--01016--014
****235.25 ****235.25

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32808

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: K Mann Date: 10-27-00

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
Chair Board	Eric Jones D	1720 Jones Rd	Melborne, Fl 32901
VP	Ray Berry D	2107 N 14th Ave	Hollywood, Fl 33020
Treas	Ed Royals Jr D	6903 Oakmore Lane	Orlando, FL 32792
Secr	Joseph Regan T	1098 Hunt Street NW	Palm Bay, Fl 32907
Board Member	Carol Burkett D	1382 Landry	Longwood, Fl 32750
Board	Neal McGarry T	1715 S Gadsen	Tallahassee, Fl 32301

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: Edward A. Boyd, Jr. 10/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #