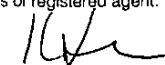
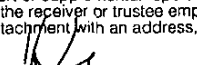


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 767398 1. Entity Name SPECIALIZED TREATMENT, EDUCATION AND PREVENTION SERVICES, INC.						FILED 05 OCT 14 PM 3: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1991 S. APOPKA BLVD ORLANDO, FL 32703 US				Mailing Address 1033 PINE HILLS RD STE 300 ORLANDO, FL 32808 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent TURNER, KATHLEEN 1033 PINE HILLS RD SUITE 300 ORLANDO, FL 32808				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				DATE 10/7/05			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, ERIC 2230 N PIPER LANE SUITE 2 EAGLE MTN, UT 84043			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900060628809 10/14/05--01058--007 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROYALS, ED JR 6903 OAKMORE LANE ORLANDO, FL 32792			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERRY, RAY 2107 N. 14TH AVE HOLLYWOOD, FL 33020			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/10/18	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOSEY, BERNICE 130 W KALEY ST ORLANDO, FL 32806			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REGAN, JOSEPH 1098 HUNT STREET N.W. PALM BAY, FL 32907			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGARRY, NEAL 1715 S. GADSEN TALLAHASSEE, FL 32301			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				DATE 10/7/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			