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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F 78278**

1. Corporation Name
Gulf coast Treatment Center, Inc.

| | | | |
|--|---------------|--|---------------|
| 2. Principal Office Address - No P.O. Box # 6640 Carothers Pkwy | | 3. Mailing Office Address 6640 Carothers Pkwy | |
| Suite, Apt. #, etc. Suite 500 | | Suite, Apt. #, etc. Suite 500 | |
| City & State Franklin, TN | | City & State Franklin, TN | |
| Zip 37067 | Country US | Zip 37067 | Country US |

4. Date Incorporated or Qualified To Do Business in Florida: 04/29/1982

5. FEI Number: 56-1341134 Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (10/08)

7. Name and Address of Current Registered Agent

Name
CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Danny Verdecchia, Jr. Asst. Secretary Date: 11/11/08

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|-----------------------------------|--|--------------------|
| PRES | JOEY JACOBS | 6640 CAROTHERS PKWY SUITE 500 | FRANKLIN, TN 37067 |
| SEC | CHRISTOPHER L. HOWARD | 6640 CAROTHERS PKWY SUITE 500 | FRANKLIN, TN 37067 |
| VP | STEVEN T. DAVIDSON | 6640 CAROTHERS PKWY SUITE 500 | FRANKLIN, TN 37067 |
| TRSA | JACK POLSON | 6640 CAROTHERS PKWY SUITE 500 | FRANKLIN, TN 37067 |
| VP | BRENT TURNER | 6640 CAROTHERS PKWY SUITE 500 | FRANKLIN, TN 37067 |

REINSTATEMENT

10. I certify that each officer or director of the corporation is authorized 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 contained in Chapter 119, 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: Christopher L. Howard Date: 11/10/08 Daytime Phone #: 615-312-5856

SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR

Florida Department of State
Division of Corporations
Public Access System

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Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

*ⓧ Please waive
Reinstatement
Penalty ⓧ*

CORPORATION REINSTATEMENT

GULF COAST TREATMENT CENTER, INC.

| | |
|-----------------------|---------------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$750.00 |

\$150

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