PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 21 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F-97000001620

1. Corporation Name

American Psych Systems, Inc.

Principal Place of Business	Mailing Address
6705 Rockledge Drive Bethesda, MD 20817	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 10/26/93

5. FEI Number 42-1413902 ☐ Applied For ☐ Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres. CEO	Kenneth A. Kessler	4833 Rockwood Pkwy.,NW	Washington, DC. 20016
VP Sec.	John C. Heffner	4502 N. Dittmar Rd.	Arlingon, Va. 22207
VP Trea	Scott O. Taylor	16910 Hillard St.	Poolesville,Md. 20837

REINSTATEMENT

98 500002725849--1
12/30/98 01001-012
****758.50 ****758.50

8. Name and Address of Current Registered Agent

CT
CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324

Broward Co.

9. Name and Address of New Registered Agent

Name HIQ
HIQ Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable) 526 East Park Ave. Leon Co.
Suite, Apt. #, Etc.
City Tallahassee State FL Zip Code 32301

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Asst. Secretary Date 12/21/98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: / Scott O. Taylor, VP 12/17/98 301-530-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32474F.1