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APPLICATION FOR  
 REINSTATEMENT FOR  
 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT 1998



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

FILED  
 98 OCT 27 PM 4: 30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M97000000308**  
 Charter By The Sea Behavioral Health System, LLC  
 2927 Demere Road  
 St. Simons Island, Georgia 31522

1a. Principal Place of Business Address  
 3947 Salisbury Road  
 Jacksonville, Fla. 32216

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified October, 1997	3a. State of Formation Georgia
4. FEI Number 58-2298568	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report October, 1997	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Name  
**Wesley Robbins, CEO**  
 Street Address (P.O. Box Number is Not Acceptable)  
 3947 Salisbury Road  
 Suite, Apt. #, etc.  
 City  
 Jacksonville  
 Zip Code  
 32216

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Wesley Robbins Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	Kay Oplinger	3947 Salisbury Road	Jacksonville, FL. 32216

*Handwritten initials and date: RO 10/27*

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Kay Oplinger Date 10/26/98 Daytime Phone # (912) 638-1999  
 Typed or printed name of signing Managing Member/Manager KAY OPLINGER

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**Charter By-The-Sea  
Behavioral Health System**

Sandra Mortham  
Secretary of State  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fla. 32314

Dear Ms. Mortham,

Due to a change in administration and location of our Jacksonville facility we did not receive the notification to renew our certificate of authority in the State of Florida. I apologize for this mishap.

As instructed by the staff of the registration section, I have requested a "change of address" as well as a change of "the registered agent" on the application for reinstatement. I have also included our application fee of \$188.75.

I appreciate the help you and your staff were in getting this matter resolved quickly and efficiently.

Sincerely,

A handwritten signature in black ink, appearing to read "Kay S. Oplinger".

Kay S. Oplinger  
Director of Outpatient Services  
Charter By The Sea Behavioral Health System