

M97000000308

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED

00 JAN -3 PM 9:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M97000000308

1. Limited Liability Company's Name Charter By The Sea Behavioral Health System, LLC

2. Principal Office Address 3947 Salisbury Rd. N.

3. Mailing Office Address Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Jacksonville Fla.

City & State

Zip 32216

Country Duval

Zip

Country

4. State/Country of Formation Ga.

5. Date Organized or Qualified To Do Business in Florida 8/97

6. FEI Number 58-229856-8

Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name Wes Robbins, CEO W. Robbins

Street Address (P.O. Box Number is Not Acceptable) 3947 Salisbury Road, North

200003096792-9 -01/12/00-01094-121 ***150.00 ***150.00

City Jacksonville

State FL

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 W. Robbins

Date 11/1/99

AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Rows include Ananda Kruger, MGR; Kay Oplinger, MGR; Kevin Bierschenk, MGR; Wes Robbins, MGR.

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 S. Oplinger

Date 11/1/99

Daytime Phone # 912-638-1999

Typed or printed name of signing Managing Member/Manager Kay S. Oplinger