

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 FEB -6 AM 9:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N21249

1. Corporation Name

CHADD, INC. (CHILDREN & ADULTS WITH ATTENTION-D
EFICIT/HYPERACTIVITY DISORDER)

Principal Place of Business

Mailing Address

8181 Professional Pl.
Suite 201
Landover, MD 20785
US

8181 PROFESSIONAL PL
STE 201
LANDOVER MD 20785
US

REINSTATEMENT 200-01



810310090037004107000

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2817697

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

20785

Prince Georges

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	Beth Kaplanek	32 Fort Hill Drive	Lloyd Harbor, NY 11743
D	ROBERTSON, MARY	2445 BROOKSHIRE CIR	LEXINGTON KY 40515
D	Evelyn Green	11453 South Vincennes Ave.	Chicago, IL 60643
D	COHEN, MATT	225 W WEST WASHINGTON	CHICAGO IL
T	STEWART, PAULA	2470 ANITA DR	BROOKFIELD WI 53045
CEO	E. Clarke Ross	8181 PROFESSIONAL PL., STE 201	LANDOVER MD 20785

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARKER, HARVEY C., PH.D.
300 NW 70th Avenue
Suite 102
PLANTATION FL 33317

Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.
500003677385--6
City Tallahassee
-02/13/01 stat 01135-034
***236 FL ***323624

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

John S. Hoening

REGISTERED AGENT MUST SIGN

JOHN S. HOENIGMANN
ASST VICE PRESIDENT

Date 2/2/01

11. 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:

E. Clarke Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Clarke Ross, CEO

Date

Daytime Phone #

(301) 306-7070

X4.111

CR2E040 (8/00)

KE