PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 30 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000116930**

1. Corporation Name

ACADIA NEURO-BEHAVIORAL CENTER, P.A.

Principal Place of Business	Mailing Address
777 17TH STREET 301 MIAMI BEACH FL 33139	777 17TH STREET 301 MIAMI BEACH FL 33139

REINSTATEMENT 03

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
17913 NW 7TH	17913 N.W. 7TH
Suite, Apt. #, etc.: SUITE 104	Suite, Apt. #, etc.: SUITE 104
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33029 Country: BROWARD	Zip: 33029 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 12/26/2000

5. FEI Number: 65-1045636 ☐ 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 3	City / State / Zip 4
P	DOUYON, RICARD MD	777 17TH STREET SUITE 301	MIAMI BEACH FL 33139

200024264742
10/30/03 01005 015 **750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DOUYON, RICHARD MD ACADIA NEURO-BEHAVIORAL ASSOCIATES, PA 777 17TH STREET, SUITE 301 MIAMI BEACH FL	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE _____ Date 10/27/03

REGISTERED AGENT MUST SIGN

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: SIGNATURE _____ 10/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #