

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>	<p style="text-align: right; font-size: small;">DO NOT WRITE IN THIS SPACE</p> <p style="text-align: center; font-size: large; font-weight: bold;">REINSTATEMENT</p> <p style="text-align: center;">99 FEB -2 11:51</p>
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Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

<p>1. Name and Mailing Address of Corporation: DOCUMENT #</p> <p>P97000047918</p> <p>THE PSYCHOLOGIST LINE, INC. 20801 Biscayne Boulevard Miami, Florida 33180</p>	<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p> <p>3. If Principle Office Address is different from mailing address, enter address below:</p> <p>Address _____</p> <p>City _____ Zip Code _____</p>
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4. Date Incorporated or Qualified To Do Business in Florida 05/29/97 EFF:06/01/97	5. FEI Number _____	<input checked="" type="checkbox"/> FEI Number Applied For	\$8.75 Additional Fee required for a Certificate of Status
		<input type="checkbox"/> FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	Itzhaki, Dani	20801 Biscayne Boulevard	Miami, Florida 33180
P/D	Hirsch, Mark N.	20801 Biscayne Boulevard	Miami, Florida 33180

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02/05/99 01093-018

****900.00 ****900.00

REGISTERED AGENT INFORMATION	9. If changed, new registered agent / office
8. Name and Address of Current Registered Agent Dani Itzhaki 20801 Biscayne Boulevard Miami, Florida 33180	Name _____
	Street Address (Do NOT Use P.O. Box Number) _____
	Street Address (Do NOT Use P.O. Box Number) _____
	City _____ State <u>FL</u> Zip _____

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: Date: 01/22/99

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation 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 Officer or Director: Date: 01/22/99 Daytime Phone #: 305/937-6242

Mark N. Hirsch, President

Typed or printed name of signing officer or director

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