

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 18 PM 12:12

DOCUMENT # 717532

1. Corporation Name

VOLUSIA COUNTY MENTAL HEALTH ASSOCIATION

Principal Place of Business

531 S. RIDGEWOOD AVE.  
DAYTONA BEACH FL 32114  
US

Mailing Address

531 S. RIDGEWOOD AVE.  
DAYTONA BEACH FL 32114  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/10/1969

5. FEI Number

59-6044669

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
D	WOODWARD, JAMES F.	1238 RIDGEWOOD AVE.	500004659795--6 -10/30/01-01089--012 *****70.00 *****70.00 HOLLY HILL FL
VC	RICHARDSON, MARTY	194 LEISURE CIRCLE	PORT ORANGE FL 32119
D	CLOWER, MICHAEL	378 S. ATLANTIC AVE	ORMOND BEACH FL
D	HOUSTON, JENNIFER	1335 FLEMING AVE. #40	ORMOND BEACH FL
D	BERNER, DEBRA ANNE	933 VILLAGE DRIVE	ORMOND BEACH FL
PCEO	GREGORY, GAIL A	835 W RICH	DELAND FL 32720

8. Name and Address of Current Registered Agent

GREGORY, GAIL A  
935 W RICH AVE  
DELAND FL 32720

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1450 GAUDREY ST.

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32720

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

Gail A. Gregory  
REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

Jennifer A. Houston  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

Date

Daytime Phone #

CR2E040 (8/01)



*Mental Health Association of Volusia County, Inc., Also Serving Flagler County*

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TM

531 South Ridgewood Avenue  
Daytona Beach, Florida 32114  
(386) 252-5785 • Fax: (386) 255-7560

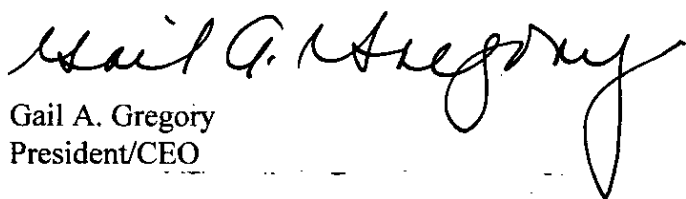
October 15, 2001

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

We are in receipt of a notice of dissolution and reinstatement application; we did not receive either the first notification or the second notice. We are completing the reinstatement form and enclosing a check for \$70.00 for renewal and a certificate as per your direction.

Thank You,

  
Gail A. Gregory  
President/CEO