

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR -8 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # P99000065877

1. Corporation Name

Genesis Behavioral Health Care
Services, Inc.

2. Principal Office Address

900 Orchid Springs Dr.

3. Mailing Office Address

900 Orchid Springs Drive

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Winter Haven, Fl.

City & State

Winter Haven, Fl.

Zip

33884

Country

USA

Zip

33884

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

65-0936087

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dr. James C. Humberson

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

900 Orchid Springs Drive

Suite, Apt. #, Etc.

Suite A

City

Winter Haven

State

FL

Zip Code

33884

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James C. Humberson PhD

REGISTERED AGENT MUST SIGN

Date

4-1-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	James C. Humberson	900 Orchid Springs Dr. Suite A Winter Haven, Fl. 33884	Winter Haven, Fl. 33884

10. 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:

James C. Humberson PhD
JAMES C. HUMBERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/02

Daytime Phone #

CR2E081 (9/01)

Genesis Behavioral Healthcare Services, Inc.
Adolescent and Adult Psychotherapy

(863) 875-1845 Office
(863) 875-1844 Fax

900 Orchid Springs Drive
Suite A
Winter Haven, Florida 33884

April 3, 2002

Department of Revenue / Division of Corporations

To Whom It May Concern:

Please find enclosed an application for corporation reinstatement. I learned on April 1, 2002 that our corporation was not active and that our attorney in Deerfield Beach, Florida had not submitted the annual reports or fees.

When Genesis Behavioral Healthcare Services, Inc. was originally incorporated, we were located in Coral Springs, Florida. We relocated our office to Winter Haven, Florida in early 2000 and routinely submitted an address change. As the resident agent, my Winter Haven residence address was also listed.

We have not received any notices to my knowledge since we were incorporated or we would have paid same.

It would be a great hardship for us to pay more than the \$450.00 annual fee at this time since any excess monies we generate, go to the Genesis Youth Ranch to help troubled boys. Our Ranch is accredited by FACCCA (see enclosed material). One of our affiliates (The Lighthouse Children's Home) met with Secretary Harris and Governor Bush last month while we were having our annual meeting in Tallahassee.

We would appreciate your waiving late fees so that we might be in the right standing again.

Thank you in advance for your help.

Sincerely,



James C. Lumberson, Ph.D., LMHC

Enc: Secretary Harris
Governor Bush

JCL/cd