City & State   City & State     Zip   Country   Zip   Country   State   6.   CERTIFICATE OF STATUS DESIRED   State for a Contific of Certificate on status and street Address of Each     7. Names and Street Addresses of Each Officer and/or Director   Florida nonprofit corporations must list at least 3 directors)   Street Address of Each   City / State / Zip     PD   HOROWITZ, JUDITH   3 SW 129 AVE. 203   PEMBROKE PINES FL     TD   HUYSMAN, ARLENE   6332 ALTON RD   MIAMI BCH FL     SD   LATTERNER, RUTH   3930 UTOPIA CT   COCONUT GROVE FL     B. Name and Address of Current Registered Agent   9. Name and Address of New Registered Agent   9. Name and Address of New Registered Agent     HUYSMAN, ARLENE M.   Size ALTON RD   Street Address of New Registered Agent   9. Name and Address of New Registered Agent     HUYSMAN, ARLENE M.   Size ALTON RD   Street Address of New Registered Agent   9. Name and Address of New Registered Agent     HUYSMAN, ARLENE M.   Size ALTON RD   Street Address of New Registered Agent   11/18/37 - 01046-     Street Address (P.O. Box Numbed is NAMEdAphile) Street Address of Secton 607.0505, F.S.   Size ALTON RD   11/18/27 - 01046-     NIAMI BCH FL 33141   Suite, Apl. 4, Etc.   W###236, 25		NG THIS FORM.		RUCTIONS BEFORI	ALL INST	E READ	PLEAS	•
Concentions Concentration Concentra		E4F1.0 VI10	TATE	. DEPARTMENT OF STA andra <mark>B. Mor</mark> tham	FLORID		PLICATION FOR	
			V/	ISION OF CORPORATIONS			STATEMENT	REIN
FLORIDA ASSOCIATION OF PRACTICING PSYCHOLOGISTS INC.     Principal Place of Business Size ALTON RD MAMI BEACH FL 33141     If above addresses are incorrect in any very, line through incorrect information and enter correction below.     If above addresses are incorrect in any very, line through incorrect information and enter correction below.     If above addresses are incorrect in any very, line through incorrect information and enter correction below.     If above addresses are incorrect information and enter correction below.     If above addresses are incorrect information and enter correction below.     If above addresses in Florida   08/29/197     Suite, Apt. If, after   3. New Mailing Office Address, if Applicable     Zip   Country     Zin   Maxing BEAR HL     S		CLEINEY OF STATE	Ç.		98	74869		
B322 ALTON RD   B322 ALTON RD     MIAMI BEACH FL 33141   MIAMI BEACH FL 33141     If above addresses are incorrect in any way, line through incorrect information and enter correction below.   4. Date incorporated or Clustified     2. New Principal Office Address, if Applicable   3. New Maling Office Address, if Applicable   4. Date incorporated or Clustified     2. New Principal Office Address, if Applicable   3. New Maling Office Address, if Applicable   4. Date incorporated or Clustified     2. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list to load 3 directore)   59.2331601   50.37.5 Actino Or of Certific and Officer a		"VIIVARELL'ITANIOL	TS	G PSYCHOLOGISTS	RACTICIN	on of P		FLORI
2. New Principal Office Address, if Applicable   3. New Mailing Office Address, if Applicable   4. Date theorepreted or Counting     Suite, Apt. #, etc.   Suite, Apt. #, etc.   5. FEI Number   5. FEI Number     Zip   Country   Country   Country   5. FEI Number   5. FEI Number     7. Names and Street Addresses of Each Officer and/or Director   Clip & State   5. FEI Number   5. FEI Number   5. FEI Number     7. Names and Street Addresses of Each Officer and/or Director   Clip & State   5. State   5. FEI Number   5. FEI Number<				PD	6332 ALTON		N RD	6332 ALTC
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.     City & State   City & State   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.     Zip   Country   Zip   Country   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.     7. Names and Street Addresses of Each Officer end/or Director (Florida nonprofit corporations must list at least 3 directors)   Street Address of Each   City / State / Zip     PD   HOROWITZ, JUDITH   3 SW 129 AVE. 203   PEMBROKE PINES FL   COCONUT GROVE FL     SD   LATTERNER, RUTH   3930 UTOPIA CT   COCONUT GROVE FL     SD   LATTERNER, RUTH   3930 UTOPIA CT   COCONUT GROVE FL     B. Name and Address of Current Registered Agent   9. Name and Address of New Registered Agent   Namo     HUYSMAN, ARLENE M.   S324 LTON RD   Street Address (P.O. Box NumErs)   Street Address of New Registered Agent     HUYSMAN, ARLENE M.   S324 LTON RD   Namo   Street Address (P.O. Box NumErs)   T1/18/97 - U1046-     Suite, Apt. #, Etc.   #####236, 25   #####2   Street Addr	1	trated of Qualified		_	<b>v</b>			
Ohy & State   State   S9-233 1601     Zp   Country   Zp   Country   State   S-223 1601     Zp   Country   Zp   Country   S-23 Addition   S-23 Addition     The sead Street Addresses of Each Officer and/or Director   Finded anonprotector (Florida nonprotector protector (Florida nonprotector protector)   Street Address of Each   Street Address of Each   Street Address of Each   City / State / Zp     The sead Street Addresses of Each   Street Address of Each   Street Address of Each   City / State / Zp     PD   HOROWITZ, JUDITH   3 SW 129 AVE: 203   PEMBROKE PINES FL   City / State / Zp     TD   HUYSMAN, ARLENE   6332 ALTON RD   MIAMI BCH FL   COCONUT GROVE FL     SD   LATTERNER, RUTH   3930 UTOPIA CT   COCONUT GROVE FL     B. Name and Address of Current Registered Agent   Namo   Street Address of New Registered Agent     HUYSMAN, ARLENE M.   Size ALTON RD   Namo   Street Address of New Registered Agent     HUYSMAN, ARLENE M.   Size ALTON RD   Street Address (P.O. Box NumEdd if Matchelphane) (S-1, T,	<b>}</b>	ess in Florida 08/29/1979		tc.	Sulte, Apt. #,	Suhe, Apt. #, etc.		
Zip   Country   Zip   Country   6.   CERTIFICATE OF STATUS DESIRED   \$87.5 Addition to the constraints of the consteners of the constraints of the constraints of the cons		5. FEI Number 59-2331601 Applied For Not Applicable				ite City & S		
Name of Officers and/or Directors   Street Address of Each (Do NOT Use Pest Office Box Numbers)   City / State / Zp     PD   HOROWITZ, JUDITH   3 SW 129 AVE. 203   PEMBROKE PINES FL     TD   HUYSMAN, ARLENE   6332 ALTON RD   MIAMI BCH FL     SD   LATTERNER, RUTH   3930 UTOPIA CT   COCONUT GROVE FL     SD   LATTERNER, RUTH   3930 UTOPIA CT   COCONUT GROVE FL     B. Name and Address of Current Registered Agent   9. Name and Address of New Registered Agent   9. Name and Address of New Registered Agent     HUYSMAN, ARLENE M. 6332 ALTON RD   Street Address (P.O. Box Number Black Edglang) COLOR (PL)   Street Address (P.O. Box Number Black Edglang) COLOR (PL)     Image: Street Address (P.O. Box Number Black Edglang) COLOR (PL)   Street Address (P.O. Box Number Black Edglang) COLOR (PL)     Image: Street Address (P.O. Box Number Black Edglang) COLOR (PL)   Street Address (P.O. Box Number Black Edglang) COLOR (PL)     Image: Street Address (P.O. Box Number Black Edglang) COLOR (PL)   State   ZP Code     Image: Street Address (P.O. Box Number Black Edglang) COLOR (PL)   State   ZP Code     Image: State Agent   State   ZP Code   State   ZP Code     Image: State Agent   State   ZP Code   State   ZP Code   State	al Fee required	\$8.75_Additional Fe		Country	Zip		Country	Zip
PD   HOROWITZ, JUDITH   3 SW 129 AVE. 203   PEMBROKE PINES FL     TD   HUYSMAN, ARLENE   6332 ALTON RD   MIAMI BCH FL     SD   LATTERNER, RUTH   3930 UTOPIA CT   COCONUT GROVE FL     Image: State and Address of Current Registered Agent   9. Name and Address of New Registered Agent   9. Name and Address of New Registered Agent     HUYSMAN, ARLENE M.   6332 ALTON RD   9. Name and Address of New Registered Agent   Name     HUYSMAN, ARLENE M.   6332 ALTON RD   9. Name and Address of New Registered Agent   Name     HUYSMAN, ARLENE M.   6352 ALTON RD   9. Name and Address of New Registered Agent   Name     HUYSMAN, ARLENE M.   6352 ALTON RD   9. Name and Address of New Registered Agent   Name     HUYSMAN, ARLENE M.   6352 ALTON RD   51reet Address (P.O. Box Number M McMcMatage) 5.511317 4.37   11/18//317 - 01046 - 0				· · · · · · · · · · · · · · · · · · ·	I or Director (Flor	ach Officer and/i	and Street Addresses of E	7. Names
PD   HOROWITZ, JUDITH   3 SW 129 AVE. 203   PEMBROKE PINES FL     TD   HUYSMAN, ARLENE   6332 ALTON RD   MIAMI BCH FL     SD   LATTERNER, RUTH   3930 UTOPIA CT   COCONUT GROVE FL     Image: State and Address of Current Registered Agent   9. Name and Address of New Registered Agent   9. Name and Address of New Registered Agent     HUYSMAN, ARLENE M.   6332 ALTON RD   9. Name and Address of New Registered Agent   Name     HUYSMAN, ARLENE M.   6332 ALTON RD   9. Name and Address of New Registered Agent   Name     HUYSMAN, ARLENE M.   6352 ALTON RD   9. Name and Address of New Registered Agent   Name     HUYSMAN, ARLENE M.   6352 ALTON RD   9. Name and Address of New Registered Agent   Name     HUYSMAN, ARLENE M.   6352 ALTON RD   51reet Address (P.O. Box Number M McMcMatage) 5.511317 4.37   11/18//317 - 01046 - 0		City / State / Zip		Street Address of Officer and/or Dir Op NOT Use Post Office B		Title(s) and/or Directors		
SD   LATTERNER, RUTH   3930 UTOPIA CT   COCONUT GROVE FL     REINSTATEMENT     0   REINSTATEMENT     0   Name and Address of New Registered Agent     0   Name and Address of New Registered Agent     0   Name and Address of New Registered Agent     0   Name   9. Name and Address of New Registered Agent     HUYSMAN, ARLENE M.   Street Address (P.O. Box NumBed B Modeschamb): 3:51 3:7 13:     0   Street Address (P.O. Box NumBed B Modeschamb): 3:51 3:7 13:     11/18/37 U1046-   Suite, Apt. 4, Etc.     10. 1, being appointed the object on amed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.     Signature of Registered Agent   Date U// Mg.1								
8. Name and Address of Current Registered Agent   9. Name and Address of New Registered Agent     8. Name and Address of Current Registered Agent   9. Name and Address of New Registered Agent     HUYSMAN, ARLENE M.   8332 ALTON RD     6332 ALTON RD   Street Address (P.O. Box Number II Nick Robertanie)     MIAMI BCH FL 33141   Street Address (P.O. Box Number II Nick Robertanie)     10. I, being appointed no 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 II/I/Mg T		MIAMI BCH FL		6332 ALTON RD			HUYSMAN, ARLENE	TD
B. Name and Address of Current Registered Agent   9. Name and Address of New Registered Agent     HUYSMAN, ARLENE M.   Street Address (P.O. Box Number is Not Acceptable)     6332 ALTON RD   Street Address (P.O. Box Number is Not Acceptable)     MIAMI BCH FL 33141   Street Address (P.O. Box Number is Not Acceptable)     10. I, being appointed the epistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.     Signature of Registered Agent   Date     Middle Agent   Date		COCONUT GROVE FL		3930 UTOPIA CT		LATTERNER, RUTH		
B. Name and Address of Current Registered Agent   9. Name and Address of New Registered Agent     HUYSMAN, ARLENE M.   Street Address (P.O. Box Number is Not Acceptable)     6332 ALTON RD   Street Address (P.O. Box Number is Not Acceptable)     MIAMI BCH FL 33141   Street Address (P.O. Box Number is Not Acceptable)     10. I, being appointed the egistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.     Signature of Registered Agent   Date     Mixed Agent   Date	3-1-1-	TATEAPEAN	DEING					(
HUYSMAN, ARLENE M.   Namo     6332 ALTON RD   Street Address (P.O. Box Number is Not Addeptable)     MIAMI BCH FL 33141   Street Address (P.O. Box Number is Not Addeptable)     11/18/37   01046     Suite, Apt. #, Etc.   ****236.25     City   State     FL   Zip Code     10. I, being appointed the egistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.     Signature of Registered Agent   Date     Date   U/1//91	<u> </u>		<u> </u>					-
HUYSMAN, ARLENE M.     6332 ALTON RD     MIAMI BCH FL 33141     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     MIAMI BCH FL 33141     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)     Street Address (P.O. Box Number is Not Added plable)		ddress of New Registered Agent	9. Name and	t	Registerød Age	ess of Current F	8. Name and Addr	
6332 ALTON RD   Street Address (P.O. Box Number is Not Addeptable)     MIAMI BCH FL 33141   11/18/97-01046-     Suite, Apt. #, Etc.   ****236.25     It   *****236.25     Street Address (P.O. Box Number is Not Addeptable)   *****236.25     Suite, Apt. #, Etc.   *****236.25     It   Street Address (P.O. Box Number is Not Addeptable)     Street Address (P.O. Box Number is Not Addeptable)   *****2     Street Address (P.O. Box Number is Not Addeptable)   *****2     Street Address (P.O. Box Number is Not Addeptable)   *****2     Street Address (P.O. Box Number is Not Addeptable)   ******2     Street Address (P.O. Box Number is Not Addeptable)   ******2     Street Address (P.O. Box Number is Not Addeptable)   ******2     Street Address (P.O. Box Number is Not Addeptable)   ******2     Street Address (P.O. Box Number is Not Addeptable)   ******2     Street Address (P.O. Box Number is Not Addeptable)   ******2     Street Address (P.O. Box Number is Not Addeptable)   ******2     Street Address (P.O. Box Number is Not Addeptable)   ******2     Street Address (P.O. Box Number is Not Addeptable)   ******2     Street Address (P.O. Box Number is Not Addeptable)   ******************	<b></b>						MAN, ARLENE M.	HUYS
City State Zip Code 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 Link and Accept the obligations of Section 607.0505, F.S. Date 1/11/97	2.0. Box Number is Net Acceptable)			Street Addre				
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 Linkar In Augustic Date 1/11/97	36.25	****236.25 ****236.	. #, Etc.	Suite, Apt. #,			BCH FL 33141	MIAM
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 Linkar In August Date 1/11/97				City			$\wedge$	
Registered Agent Date 11/1 / 9		on 607.0505, F.S.	ot the obligations of Sec	ation, am familiar with and accept t	ve named corpo	agent of the about	$\sim 1/D$	_
		Date 11/11/97		NT MUST SIGN	GISTEFLD AG		Agent Kinken	Signature o Registered
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No	ation	(See other side for information on intangible tax.)	□ No □					
12. I certify that I am an officer or director or the receiver or trustoe empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that 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., the owed by the corporation have been paid and the names of individuels listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information this application is too and accurate, and my signature shall have the same legal effect as if made under oath.	at all fees	of section 607.0401 or 617.0401, F.S., that al	atisfies the requirement alify for an exemption u	liminated, the corporate name satis ats listed on this form do not qualify	lution has been ames of Individu	reason for dissol on pald and the n	statement application, the the corporation have bee application is too and acc	this rein owed by on this a

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