

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 NOV -8 AM 11:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 753418

1. Corporation Name

ASSOCIATION FOR PSYCHOLOGICAL TYPE, INC.

Principal Place of Business

Mailing Address

~~8140 WARD PKWY.
 KANSAS CITY MO 64114~~

9140 WARD PKWY
 KANSAS CITY MO 64114



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

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable

4700 W. LAKE AVE

3. New Mailing Office Address, If Applicable

4700 W. LAKE AVE

4. Date Incorporated or Qualified To Do Business in Florida

07/22/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-2291442

Applied For

Not Applicable

City & State

GLENVIEW IL

City & State

GLENVIEW IL

Zip

60025

Country

U.S.A.

Zip

60025

Country

U.S.A.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MURPHY, ELIZABETH Marvin Rytting	1128 WILLIAMSBURG DUPUI 4601 Central Ave	KELLER TX Columbus R
DOF	FLAUTT, TOM	757 CEDAR POINT DR	CINCINNATI OH
P	MARTI SINGER Carolyn Thornton	2481 ZACHARY WOODS DR 290 LSU Avenue	MARIETTA GA Baton Rouge
PZ	KROEGER, OTTO	3605 CHAIN BRIDGE RD	FAIRFAX VA LS
D	SARA DELANO MOORE Ron Reumann	3373 COMMODORE DR 6100 Hadley	LEXINGTON KY Cottage Grove, MN
ED	DANIELS, LISA Jim Wen	9140 WARD PKWY 4700 W. Lake Ave	KANSAS CITY MO Glenview IL

8. Name and Address of Current Registered Agent

CT-CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100003420251-0

11/30/00-01005--021

***236.25 zip 60025

FL

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

Barbara A. Burke
 REGISTERED AGENT MUST SIGN

SPECIAL ASSISTANT SECRETARY

Date

11-6-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/00

Date

847-375-4828

Daytime Phone #

CR2E040 (8/00)