

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 762052

1. Corporation Name

FLORIDA SCHOOL OF ADDICTIONS STUDIES, INC.

Principal Place of Business

Mailing Address

2450 CHENEY HWY.

2400 CHENEY HIGHWAY

P.O. BOX 5947

P.O. BOX 5947

TITUSVILLE FL 32783-5947

TITUSVILLE FL 32783-5947

US

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

2. New Principal Office Address, if Applicable  
1725 Art Museum Dr.

3. New Mailing Office Address, if Applicable  
same as #2

Suite, Apt. #, etc.  
FSAS Department

Suite, Apt. #, etc.

City & State  
Jacksonville, Florida

City & State

Zip  
32207

Country  
Duval

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 02/22/1982	
5. FEI Number 59-2289161	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D VP	RABAUT JR., CHARLES P. Tunnie Miller	3121 BRANDYWINE DRIVE 3141 E. Business Hwy 98	TALLAHASSEE FL Panama City, FL 32401
DP P	HOLLEY, JOEL R. Holley, JOEL R. JR.	1725 ART MUSEUM DR	JACKSONVILLE FL 32207
DPP DP	SALERNO, LOUIS J Ella Bryan	503 99 AVE N #101 121 W. Pennsylvania Ave.	ST PETERSBURG FL Deland, FL 22720
DVP DPP	DICKERSON, PAUL	555 STOCKTON STREET	JACKSONVILLE FL 32204
T	CORRILLE, THOMAS Russell MacPherson	320 STARMOUNT DRIVE P.O. Box 1921	TALLAHASSEE FL Sanford, FL 32772

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RABAUT, CHARLES P., JR.  
1317 WINEWOOD BLVD  
TALLAHASSEE FL 32301

Name  
Joel R. Holley, JR.  
Street Address (P.O. Box Number is Not Acceptable)  
1725 Art Museum Drive  
Suite, Apt. #, Etc.  
FSAS Department  
City  
Jacksonville  
100002746961-1  
01/20/97-01009-005  
\*\*\*297-FL 32207.57

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

*JOEL R. HOLLEY JR.*  
REGISTERED AGENT MUST SIGN

Date 1-7-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*JOEL R. HOLLEY JR.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)