PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

ARTICLES
AND
FILED

99 NOV 15 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762626

1. Corporation Name

FOUNDATION FOR CHAUTAUQUA OFFICES OF PSYCHO-THERAPY AND EVALUATION, INC.

Principal Place of Business	Mailing Address
3676 US HWY 331 S PO BOX 607 DEFUNIAK SPRINGS FL 32433 US	3686 US HWY 331 S P O BOX 607 DEFUNIAK SPRINGS FL 32433 US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 03/29/1982

5. FEI Number: 59-2269164 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

REINSTATEMENT

700003058707--8
-12/02/99--01041--020
****175.00 ****175.00

7. Names and Street Addresses of Each Officer and/or Director (Note: Profit 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	4
~~D~~ D	~~MCCALL, JAMES~~ Jones, Barbara	~~RT 6, BOX 644~~ 750 Steele Church Road	~~DEFUNIAK SPRINGS FL 32433~~ DeFuniak Spring, Fl 32433
~~STD~~ D	FLEET, ROBERT G COL	RT 1 BOX 406	SANTA ROSA BEACH FL
~~STD~~ P	DOBSON, ROBERT	PO BOX 1388 N/A	DEFUNIAK SPRINGS FL
~~STD~~ VP	PETERS, VONNIE	1475 COLLINSWORTH RD	WESTVILLE FL
D	YOUNG, BECKY E.	RT. 7, BOX 793	DEFUNIAK SPRINGS FL 32433
STD	HENDERSON, ROBERT	72 BOB-BOLANE	SANTA ROSA BEACH FL 32459

8. Name and Address of Current Registered Agent

~~CAMPBELL, ELIZABETH S~~
~~8686 US HWY 331 S~~
~~DEFUNIAK SPRINGS FL 32433~~

9. Name and Address of New Registered Agent

Name: GILLIS RACHEL R.
Street Address (P.O. Box Number is Not Acceptable): 1952 COUNTY HWY 192
Suite, Apt. #, Etc.:
City: DEFUNIAK SPRINGS, F
State: FL Zip Code: 32433

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: Rachel G. Gillis REQUIRED Date: 10-19-99

REGISTERED AGENT MUST SIGN

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.

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-12/02/99--01041--021
*****70.00 *****70.00

SIGNATURE: Robert P. Jones REQUIRED 10-19-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/99)