

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F71143

1. Corporation Name

FLORIDA PSYCHIATRIC CONSULTANTS, P.A.

Principal Place of Business

521 W STATE RD 434  
SUITE 100  
LONGWOOD FL 32750  
US

Mailing Address

SOUTH SEMINOLE MEDICAL PLAZA  
521 W. STATE RD 434, SUITE 100  
LONGWOOD FL 32750  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/15/1982

5. FEI Number

59-2210288

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GOLD, JAY	521 W STATE RD 434 STE 100	LONGWOOD FL
DTS	BERNS, ALAN	521 W. STATE RD. 434 STE 100	LONGWOOD FL 32750

200008708712  
10230702--01015--005 \*\*150.00

8. Name and Address of Current Registered Agent

GOLD, JAY C  
521 W STATE RD 434  
STE 100  
LONGWOOD FL 32750

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/22/2002

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

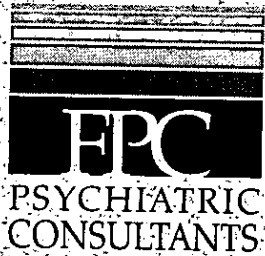
10/22/2002

Date

Daytime Phone #

CR2E040 (8/02)

FLORIDA



Jay Gold, M.D.

*Diplomate - American  
Board of Psychiatry  
& Neurology*

*Diplomate - American  
Board of Forensic Medicine*

*Adult, Geriatric and  
Forensic Psychiatry*

Alan S. Berns, M.D.  
Consultant

*Diplomate - American  
Board of Psychiatry  
& Neurology, Added  
Qualifications in  
Addiction &  
Forensic Psychiatry*

*Adult, Geriatric and  
Forensic Psychiatry*

October 21, 2002

Re: Filing Fee Waiver

CERTIFIED MAIL

Florida Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I am writing in reference to the uniform business report notices. I understand there were two notices prior to revocation which I never received. I assure you, had I received the notices, the annual business report along with the required fee would have been filed promptly. As per instructions in the reinstatement application packet, I am writing to request the penalty fee be waived. I have enclosed the required filing fee along with the completed application for reinstatement. Your consideration in this matter is greatly appreciated.

Sincerely,

Dr. Jay Gold  
Board Certified Psychiatrist  
President

Enclosures (2)

sc