


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

05 MAY -2 PM 5: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F89368

1. Corporation Name

BEHAVIORAL FACTORS, INC.

2. Principal Office Address

P.O. Box 364

Suite, Apt. #, etc.

City & State

St. Marks, FL

Zip

32355

Country

USA

3. Mailing Office Address

P.O. Box 364

Suite, Apt. #, etc.

City & State

St. Marks, FL

Zip

32355

Country

USA

REINSTATEMENT

97-05

4. Date Incorporated or Qualified  
To Do Business in Florida

7/6/1982

5. FEI Number

59-2242454

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jack W. Sudduth

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

34 Manatee Way

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Jack W. Sudduth*

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jack W. Sudduth	34 Manatee Way	Crawfordville, FL 32327
ST	Patricia Sudduth	34 Manatee Way	Crawfordville, FL 32327

10. 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:

*Patricia Sudduth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Slg  
kw