(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 JAN 31 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005740 (5)

1. Corporation Name

Correctional Services Corporation

REINSTATEMENT 99-00

2. Principal Office Address	**3.** Mailing Office Address
1819 Main Street	1819 Main Street
Suite, Apt. #, etc.: Suite 1000	Suite, Apt. #, etc.: Suite 1000
City & State: Sarasota FL	City & State: Sarasota, FL
Zip: 34236 Country: USA	Zip: 34236 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/04/94

5. FEI Number: 11 3182580 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Stephen W Metz

Street Address (P.O. Box Number is Not Acceptable): 215 South Monroe Street

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Suite, Apt. #, Etc.: Suite 701

City: Tallahassee State: FL Zip Code: 32302 1876

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 _____ Date 1/21/2000

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
	*See Attached Schedule A		

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: James F Slattery 1-21-00 (941) 953 9199

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