

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F98000001093

1. Corporation Name

PSYCHIATRIC SOLUTIONS OF FLORIDA, INC

Principal Place of Business

Mailing Address

310 25TH AVE., NORTH, STE. 209  
NASHVILLE TN 37203

310 25TH AVE., NORTH, STE. 209  
NASHVILLE TN 37203

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

02/26/1998

5. FEI Number

62-1432340

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	JACOBS, JOEY A	310 25TH AVE., NORTH, STE. 209	NASHVILLE TN 37203
SD	DAVIDSON, STEVEN T	310 25TH AVE., NORTH, STE. 209	NASHVILLE TN 37203

900004698109--9  
-11/29/01-01044-884  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

DODDRIDGE, KATHRYN  
1215 LOUISIANA AVE  
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

NRAI SERVICES, INC.

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

526 E. PARK AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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.

NRAI Services, Inc.

Signature of  
Registered Agent

*Charles Coyle* REQUIRED

Date 11-2-2001

Charles Coyle REGISTERED AGENT MUST SIGN Asst. Secy.

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:

*Jack Polson* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. VARNADORE NOV 28 2001

10/31/01  
Date

(615) 463 9338  
Daytime Phone #

CR2040 (8/01)