	PLEASE READ	ALL INS	TRUCTIO	NS BEFORE (COMPLET	ING THIS FORM.		
FOR BEINSTATEMENT				CEPARAMENT OF STATE Kathe inectarris Secretary of State ISION OF CORPORATIONS		FILED SECRETARY OF STA VISION OF CORPORA	ATE ATIONS	
DOCUMENT # K09248 1. Corporation Name					01 OCT 18 PM 7:32			
PSYCI	HIATRIC INNOVATORS	OF GREA	TER ORL	ANDO, P.A.				
Principal Place of Business Mailing Address					<u>.</u>			
STE E ALTAMONT	stmonte dr. Te sprgs fl 32714	MONTE DR. SPRGS FL 32714						
If above addresses are incorrect in any way, line through incorrect information: 2. New Principal Office Address, If Applicable 3. New Mailing Office A Suite, Apt. #, etc. Suite, Apt. #, etc.					4. Date incorp To Do Bush	Date incorporated or Qualified To Do Business in Florida 12/22/1987		
City & State City & State			5. FEI Num			59-2848678	Applied For Not Applicable	
Ziρ	Country	Žip		untry	<u></u>	E OF STATUS DESIRED (58.75	Additional Fee required a Certificate of Status	
7. Names Title(s)	Names and Street Addresses of Each Officer and/or Director (Flori Title(s) Name of Officers and/or Directors			porations must list at lea Street Address of Each Officer and/or Director	l	City / State / Zip		
PST	KANE, MARTIN S.			MONTE DR		ALTAMONTE SPRGS FL	327/4	
	(No	s)						
-				C CY				
<u>-</u> .	all mission							
Ce Cul			0(000046617403 -11/01/0101005012		
Koglo				- C-			****150.00	
8. Name and Address of Current Registered Agent KANE, MARTIN S. 220 N. WESTMONTE DR ALTAMONTE SPRGS FL 32714				Name and Address of New Registered Agent Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				Suite, Apt. #, Etc.				
				City State Zip Code				
Signature of Registered a	AgentRI	LEUN SEGISTERED AGI	ENT MUST SIGN	ueinin	2	Date 10/12/	lo, AD	
11. I certify	that I am an officer or director or the recei	ver or trustee em	powered to exec	ute this application as pr	ovided for in chap	oter 607 or 617, F.S. I further ce	rtify that when filing	

SIGNATURE: Martin & FOULIMING MARTIN S KANE ME

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.

PSYCHIATRIC INNOVATORS

OF GREATER ORLANDO, P.A.

MARTIN S. KANE, M.D.

DIPLOMATE, AMERICAN BOARD of PSYCHIATRY AND NEUROLOGY

October 13, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Madam/Sir,

I was quite distressed to receive a Certificate of Administrative Dissolution or Revocation notice in the mail on 10/10/01. There has been no change in our corporation.

Every year for the past 13 years we have filed our annual report with the proper filing fee on a timely basis. I asked my office manager if we received such an application this year but she indicated we received none. A search of our files also turned up no application.

I called your Department yesterday and was advised to write this letter, explaining we hadn't received an application this year, enclose \$150 and hope for the best from you. I'm hoping for the best from you.

Thank you very much for looking into this situation. Please advise me of any further directives.

Sincerely,

Martin S. Kane

Martin S. Kave

President of P.A.