

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT TO REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra
Secretary
DIVISION OF CORPORATIONS

DOCUMENT # 17868

1. Corporation Name

CHILD, ADOLESCENT + ADULT CENTER
3552 WEBBER ST

Principal Place of Business

Mailing Address

3552 WEBBER ST
SARASOTA FL 34239

SAME

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

4-5-89

5. FEI Number

65-0158444

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BRICKHOUSE, COLEEN	1099 LAKEHOUSE CIRCLE	SARASOTA, FL 34242
			500002294125--1
			-03/16/97--01035--001
			****965.00 ****965.00

8. Name and Address of Current Registered Agent

BRICKHOUSE, COLEEN
1099 LAKEHOUSE CIRCLE
SARASOTA, FL 34242

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.

Signature of Registered Agent

Coleen Brickhouse
REGISTERED AGENT MUST SIGN

Date AUG. 28, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: Coleen Brickhouse - Coleen Brickhouse 8/28/97 941-924-7681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2062

CHILD, ADOLESCENT & ADULT CENTER
3552 Webber Street
Sarasota, FL 34239

Subject: Letter from Ms Leslie Sellers #297A00043707, Attached
Request for additional Data, re: Reinstatement.

Dear Ms Sellers:

The above Corporation was incorporated in 1989 as a part of Dr, DeAndria's Office at 3920 Bee Ridge Road in Bldg A, suite C. The Doctor went into Bankruptcy and the Building was taken over by the Resolution Trust Corporation.

It was at this time that a check, attached, was returned from the Division of Corporations, for \$200 for the year 1993. and somehow either by the move, delivery or other never entered into the proper files, or resubmitted.

Subsequent letters were returned from the Post Office with notifications that the addressee had moved without a forwarding address. There were other problems with the move and the takeover of the Building by the RST, which hampered the resolution of this and many other problems.

I have attached whatever I have, and thank you for your very kind help in this quest for reinstatement. If there is any other data you may require, please call at 941 349 2323.

Thank you for your very kind attention.

For Ms. Brickhouse
Max Haufe

MAX HAUFÉ