

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **K80588**

1. Corporation Name  
**ELLINGER AND ELLINGER PSY. D., P.A.**

Principal Place of Business      Mailing Address  
**16244 S. MILITARY TRAIL, SUITE 460**      **16244 S. MILITARY TRAIL, SUITE 460**  
**16244 S. MILITARY TRAIL, SUITE 460**      **16244 S. MILITARY TRAIL, SUITE 460**  
**DELRAY BEACH FL 33484**      **DELRAY BEACH FL 33484**

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 |  | 4. Date Incorporated or Qualified To Do Business in Florida |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 04/17/1989                                                  |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number                                               |  |
| Zip                                            |  | Zip                                          |  | 65-0115845                                                  |  |
| Country                                        |  | Country                                      |  | Applied For                                                 |  |
|                                                |  |                                              |  | Not Applicable                                              |  |
|                                                |  |                                              |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   |  |
|                                                |  |                                              |  | \$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 | 4 City / State / Zip |
|------------|-------------------------------------|--------------------------------------------------|----------------------|
| DP         | ELLINGER, REBECCA S.                | 16244 S. MILITARY TRAIL                          | DELRAY BEACH FL      |
| D          | ELLINGER, MARK S.                   | 16244 S. MILITARY TRAIL                          | DELRAY BEACH FL      |
|            |                                     |                                                  |                      |
|            |                                     |                                                  |                      |
|            |                                     |                                                  |                      |

**REINSTATEMENT 02 178**

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12/23/02--01073--003 \*\*750.00

|                                                                                                  |  |                                                    |                    |
|--------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--------------------|
| 8. Name and Address of Current Registered Agent                                                  |  | 9. Name and Address of New Registered Agent        |                    |
| ELLINGER, REBECCA A.<br>16244 S. MILITARY TRAIL, SUITE 460<br>SOUTE 105<br>DELRAY BEACH FL 33484 |  | Name                                               |                    |
|                                                                                                  |  | Street Address (P.O. Box Number is Not Acceptable) |                    |
|                                                                                                  |  | Suite, Apt. #, Etc.                                |                    |
|                                                                                                  |  | City                                               | State<br><b>FL</b> |

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. or 617.0505, F.S.

Signature of Registered Agent: **SIGNATURE REQUIRED**      Date: 12/18/02

REGISTERED AGENT MUST SIGN

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: **SIGNATURE REQUIRED**      Date: 12/18/02      Daytime Phone #: 561-736-7043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)