


L02000022049

PLEASE READ AND INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

2003 OCT -8 PM 3:21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022049

1. Corporation Name
THE WOMEN'S CENTER FOR RECOVERY, LLC

2. Principal Office Address 13132 BARWICK ROAD	3. Mailing Office Address 555 SW 148TH AVENUE
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100023643791
10/08/03--01029--019 **\$150.00

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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4. Date Incorporated or Qualified
To Do Business in Florida

City & State DELRAY BEACH, FL	City & State SUNRISE, FL
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5. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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Zip 33445	Country PALM BEACH	Zip 33325	Country BROWARD
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6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name EDWARD Whitehouse		
Street Address (P.O. Box Number is Not Acceptable) 555 SW 148TH AVE.		
Suite, Apt. #, Etc.		
City SUNRISE	State FL	Zip Code 33325

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 *Edward Whitehouse* Date 10/2/03
REGISTERED AGENT MUST SIGN

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
C <i>MGEM</i>	ELENA CARACUIANU	555 SW 148TH AVE	SUNRISE, FL 33325
P <i>MGEM</i>	EDWARD WHITEHOUSE	555 SW 148TH AVENUE	SUNRISE, FL 33325
T <i>MGEM</i>	DR. BARBARA GIBSON	555 SW 148TH AVENUE	SUNRISE, FL 33325

REINSTATEMENT 2003

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: *Edward Whitehouse* / EDWARD WHITEHOUSE 10/2/03 954-370-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)