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APPROVED AND FILED

05 DEC 28 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/2

2005 FOR PROFIT CORPORATION REINSTATEMENT

12222005 REIN-P CR2E039 (8/04)

DOCUMENT # M43081

1. Entity Name
SOUTH FLORIDA SUBSTANCE ABUSE, INC.

Principal Place of Business	Mailing Address
14050 TOWN LOOP BLVD. SUITE 204 ORLANDO, FL 32837	14050 TOWN LOOP BLVD. SUITE 204 ORLANDO, FL 32837
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0073884 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALLAGHER, MARK T 14050 TOWN LOOP BLVD SUITE 204 ORLANDO, FL 32837	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ (signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KOZAK, MARK C/O WARWICK GROUP,70 MAIN STREET NEW CANAAN, CT 06840	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SPRAGUE, R.PAUL C/O WARWICK GROUP,70 MAIN STREET NEW CANAAN, CT 06840	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Kozak (signature and typed or printed name of signing officer or director) 12/23/05 (Date) 203-966-7477 (Daytime Phone #)

K. Eckel DEC 29 2005

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Division of Corporations
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CORPORATION REINSTATEMENT

SOUTH FLORIDA SUBSTANCE ABUSE, INC.

Certificate of Status	1
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K. Eckel DEC 29 2005