

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY
ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

FILED
98 OCT 27 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # M97000000308

Charter By The Sea Behavioral Health System, LLC
2927 Demere Road
St. Simons Island, Georgia 31522

1a. Principal Place of Business Address

3947 Salisbury Road
Jacksonville, Fla. 32216

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		October, 1997	Georgia
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		58-2298568	
				5. Date of Last Report	6. Certificate of Status Desired
				October, 1997	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
	Name Wesley Robbins, CEO
	Street Address (P.O. Box Number is Not Acceptable) 3947 Salisbury Road
	Suite, Apt. #, etc.
	City Jacksonville
	Zip Code 32216

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Wesley Robbins

Date

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	Kay Oplinger	3947 Salisbury Road	Jacksonville, FL. 32216

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Kay Oplinger

Date

10/26/98

Daytime Phone #

(912) 638-1999
ext 226

Typed or printed name of signing Managing Member/Manager

2



**Charter By-The-Sea
Behavioral Health System**

Sandra Mortham
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fla. 32314

Dear Ms. Mortham,

Due to a change in administration and location of our Jacksonville facility we did not receive the notification to renew our certificate of authority in the State of Florida. I apologize for this mishap.

As instructed by the staff of the registration section, I have requested a "change of address" as well as a change of "the registered agent" on the application for reinstatement. I have also included our application fee of \$188.75.

I appreciate the help you and your staff were in getting this matter resolved quickly and efficiently.

Sincerely,

A handwritten signature in cursive script, reading "Kay S. Oplinger".

Kay S. Oplinger
Director of Outpatient Services
Charter By The Sea Behavioral Health System