


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION FOR  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00000006373 1. Corporation Name COMPREHENSIVE CARE SERVICES, INCORPORATED	
Principal Place of Business 1510 EAST COLONIAL DRIVE, SUITE 212 ORLANDO FL 32803	Mailing Address 1510 EAST COLONIAL DRIVE, SUITE 212 ORLANDO FL 32803

FILED
 01 NOV -5 PM 3:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 1516 East Colonial Drive Suite, Apt. #, etc. 302-Suite City & State Orlando, Florida Zip 32803		3. New Mailing Office Address, If Applicable 1516 East Colonial Drive Suite, Apt. #, etc. Suite-302 City & State Orlando, Florida Zip 32803		4. Date Incorporated or Qualified To Do Business in Florida 09/26/2000	
		5. FEI Number 59-3672802		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
P	Keith A. Buckner	6339 Preakness Drive	Orlando, Florida 32818-1742
V/D	Melvin Rogers	3225 Arden Villas Blvd. # 18	Orlando, Florida 32808
S/D	Ella Lewis	4826 Indiatlantic Drive	Orlando, Florida 32808
T/D	Aileen Walton	530 Wynbrooke Pkwy.	Atlanta, Georgia 30087
D	Donovan Davis	1272 Falconcrest Boulevard	Apopka, Florida 32710
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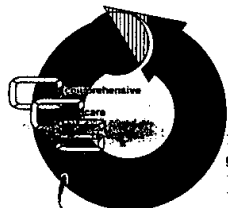
8. Name and Address of Current Registered Agent BUCKNER, KEITH A 6339 PREAKNESS DRIVE ORLANDO FL 32818		9. Name and Address of Registered Agent Name BUCKNER, KEITH A Street Address (P.O. Box Number is Not Acceptable) 6339 PREAKNESS DRIVE Suite, Apt. #, Etc. 302 City ORLANDO	
		State FL	Zip Code 32818

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 *[Signature]* Date *10/13/01*
 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]* **Keith A. Buckner** Date *10/13/01* Daytime Phone # *407-595-1208*



Comprehensive Care Services, Inc.

1510 East Colonial Drive, Ste. 212
Orlando, Florida 32803

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Phone: 407-893-8119

E mail: compcare@amexol.net

Fax: 407-893-6314

October 30, 2001

Department of State
Division Of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Dear Representative:

Per the DOS letter forwarded to my attention on October 24, 2001, I have made the necessary changes to the Uniform Business Report. The report is being resubmitted; however, as a result of our agency not receiving the report or any subsequent updating data prior to the notice on October 10, 2001, we **are respectfully requesting that the reinstatement fees be waived.**

A check in the amount of \$61.25 has been included to ensure that other fiduciary obligations associated with updating the report have been satisfied.

Professionally,

Keith A. Buckner, President/CEO
Comprehensive Care Services, Inc.