PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 10 AM 9:53

**DOCUMENT # N11729**

REINSTATEMENT 95-01

**1.** Corporation Name
TAMPA PSYCHOTHERAPY STUDY GROUP, INC.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 4890 W Kennedy Blvd | 4890 W Kennedy Blvd |
| Suite, Apt. #, etc.: STE 990 | Suite, Apt. #, etc.: STE 990 |
| City & State: TAMPA, FL | City & State: TAMPA, FL |
| Zip: 33609 Country: USA | Zip: 33609 Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 10/24/85

**5.** FEI Number: 592762066 ☐ Applied For ☐ Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

**7.** Name and Address of Current Registered Agent

Name: ROBERT C. FERNANDEZ MD

Street Address (P.O. Box Number is Not Acceptable): 4890 W KENNEDY Blvd

Suite, Apt. #, Etc.: STE 990

City: TAMPA State: FL Zip Code: 33609

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****603.75 ****603.75

**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: RFernandez MD
REGISTERED AGENT MUST SIGN

Date: 12/5/01

ORS2001 (R/00)

**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 |
|---|---|---|---|
| P | ROBERT C FERNANDEZ MD | 4890 W Kennedy Blvd STE990 | TAMPA, FL 33609 |
| VP | IRVING WEINER PhD | ~~13716~~ HALLIFORD DR. | TAMPA, FL 33624 |
| S/T | J DAVID BASSETT, PhD | 3500 E Fletcher Ave STE226 | TAMPA, FL 33613 |
| D | JAMES R. EDGAR MD | 508 S. Habana Ave STE310 | TAMPA, FL ~~33609~~ 33609 |
| D | GILSON WEBB MD | 720 W. Martin Luther King JR Blvd | TAMPA, FL 33603 |
| D | ARNOLD SCHNIEDER PhD | 2424 Enterprise Rd STE A | ~~CLEARWATER~~ Clearwater, FL 33763 |

**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:** RFernandez MD
ROBERT C. FERNANDEZ MD — 12/5/01 — 813-2881564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D ~~BET~~ ELIZABETH Reese LCSW 612 W Bay St TAMPA, FL 33606