PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 15, 2008 8:00 A.M.
Secretary of State

DOCUMENT # N11729

1. Corporation Name

TAMPA PSYCHOTHERAPY STUDY GROUP, INC.

REINSTATEMENT 06-08 KS

1001181372 1 1
02/15/08--01026---006 **490.00
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #
4890 W. KENNEDY BLVD.
Suite, Apt. #, etc.
SUITE 990
City & State
TAMPA   FL
Zip 33609   Country USA

3. Mailing Office Address
4890 W. KENNEDY BLVD.
Suite, Apt. #, etc.
SUITE 990
City & State
TAMPA   FL
Zip 33609   Country USA

4. Date Incorporated or Qualified To Do Business in Florida   10-24-85

5. FEI Number   59 276 2066   ☐ 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, M.D.
Street Address (P.O. Box Number is Not Acceptable)
4890 W. KENNEDY BLVD,
Suite, Apt. #, Etc.
SUITE 990
City TAMPA   State FL   Zip Code 33609

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 X _Fernandez MD_   REGISTERED AGENT MUST SIGN   Date 2/12/08

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. SUITE 990	TAMPA FL 33609
VP	IRVINE WEINER, Ph.D.	13716 HALLIFORD DRIVE	TAMPA, FL 33624
ST	ELIZABETH REESE, LCSW	612 W. BAY STREET	TAMPA FL 33606
D	JAMES EDGAR, MD	508 S. HABANA AVE, SUITE 310	TAMPA FL 33609
D	GILSON WEBB, MD	720 W. DR. MLKING, JR. BLVD.	TAMPA FL 33603
D	JOHN HARTMAN, Ph.D.	300 S. HYDE PARK AVE, SUITE 150	TAMPA FL 33606

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 contained in Chapter 119, 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.

ROBERT C. FERNANDEZ, M.D.
SIGNATURE: X _Fernandez MD_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/2/08
(813) 288-1564
(813) 288-0783
Daytime Phone #