

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 25 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # ~~N43668~~ N43669

**1. Corporation Name**

~~Florida Consumer Action Council Inc~~  
FLORIDA CONSUMER ACTION COUNCIL FOR  
MENTAL HEALTH, INC

**2. Principal Office Address**

3255 Bliss Road

Suite, Apt. #, etc.

City & State

Orange Park, Florida

Zip 32065

Country  
Clay

**3. Mailing Office Address**

3255 Bliss Road

Suite, Apt. #, etc.

City & State

Orange Park, Florida

Zip 32065

Country  
Clay

**REINSTATEMENT 03-04**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/29/1991

**5. FEI Number**

593083863

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 **MICHAEL**  
Michael Wright

Street Address (P.O. Box Number is Not Acceptable)  
175-1 Blanding Blvd

Suite, Apt. #, Etc.

City

Orange Park, Florida 32073

State

FL

Zip Code

32073

**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

*M. Wright*

REGISTERED AGENT MUST SIGN

Date 10/05/04

**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 L. Mayrand	3255 Bliss Road	Orange Park, Florida 32065
S/T	Linda Kitazawa	121 Jupiter Lane	Orange Park, Florida 32073
VP	Richard Varner	93 Michael Way Box 571	Eastpoint Florida 32328

**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:

*Robert L. Mayrand*

ROBERT L. MAYRAND

Date

10/05/04 (904) 264-4617

Daytime Phone #

CR2E081 (07/04)