PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 31 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50744

1 Corporation Name

FLORIDA SOCIETY FOR CLINICAL SOCIAL WORK, INC.

REINSTATEMENT 1996 MWB 1-6-97

Principal Place of Business	Mailing Address
~~3520 BEE RIDGE RD.~~	~~3920 BEE RIDGE RD.~~
~~BLDG C. STE D~~	~~BLDG. C. STE D~~
~~SARASOTA FL 34233~~	~~SARASOTA FL 34233~~
~~US~~	~~US~~

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

2 New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3647 WOODHILL DRIVE	3647 WOODHILL DRIVE
Suite, Apt. #, etc —	Suite, Apt. #, etc. —
City & State BRANDON, FL	City & State BRANDON, FL
Zip 33511 / Country USA	Zip 33511 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/08/1992

5. FEI Number: 65-0357470 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MCGRATH, STEPHEN J.	3501 45TH ST. WEST	BRADENTON FL
~~DP~~ D	HAMMOND, MARGARET	~~407 N. PARSONS AVE #103A~~ 4503 COUNTRY GATE CT.	BRANDON FL 33510
~~D~~ DP	DERITA, MARTIN	2011 HOWARD DR.	WINTER PARK FL
~~DT~~ D	COLLINS, CHRISTINE B.	3920 BEE RIDGE RD.	SARASOTA FL
DS	MCGRATH, LINDA	3501 - 45TH ST., W.	BRADENTON FL
DT	LAMB, MARY DINE	3647 WOODHILL DRIVE	BRANDON, FL 33511

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WELCH, SUSAN S.	Name: Susan Welch
~~6075 S. BENEVA RD.~~ 1605 Main St., Ste 400	Street Address (P.O. Box Number is Not Acceptable): 1605 Main St.
~~SUITE 6~~	Suite, Apt. #, Etc.: Suite 400
SARASOTA FL 34236	City: Sarasota State: FL Zip: 34230

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-01/08/97--01009--010
****236.25

CPCE040 (7/96)

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: Susan S. Welch — REGISTERED AGENT MUST SIGN — Date 12/29/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 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: Christine B. Collins — CHRISTINE B. COLLINS — 9/5/96 — 941-923-8146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007611 AP