PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
98 JAN -5 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002345**

1. Corporation Name

THE EDMUND GAINES GRAHAM HOME, INC.

Principal Place of Business	Mailing Address
2400 EAST HENRY AVENUE TAMPA FL 33610	~~2400 EAST HENRY AVENUE~~ ~~TAMPA FL 33610~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Mental Health Care, Inc.
Suite, Apt. #, etc.
5707 N. 22nd Street
City & State
Tampa, FL.
Zip: 33610 | Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 05/21/1993

5. FEI Number: 59-3214834 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED X $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
P	~~MEGLAN, BILL DR.~~ Gillette, Donald R.	~~P.O. BOX 31127~~ 12213 N. Armenia Avenue	TAMPA FL
~~PD~~ D	CHOATE, LT. COL. USAF (RET) ROBE	2405 CAROLINA AVE.	TAMPA FL
D	PARSONS, SALLY	908 BRUCE STREET	TAMPA FL
D	~~BOGGS, BARBARA~~ McIntosh, Dolores	~~7701 TALIAFERRO~~ 5707 N. 22nd street	TAMPA FL
D	HOWARD, DALE	1905 W. BAKER STREET #2	PLANT CITY FL

REINSTATEMENT 97/18/1/15/98

8. Name and Address of Current Registered Agent

PIZZO, PAUL,
501 EAST KENNEDY BLVD.
STE. 1700
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

-01/08/98--01103 ---
****245.00 ****236.25

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 X Paul Pizzo

REGISTERED AGENT MUST SIGN

Date 12-30-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Donald R. Gillette X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-7-97

Daytime Phone #

CR2E040 (6/97)