

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **1794 D00002504**

1. Corporation Name

ONYX BEHAVIOR HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

7500 Silver Star Road
Building #8
Orlando, Florida

P.O. Box 2902
Winter Park, Florida 32790

REINSTATEMENT **95-92**
mwb

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

5/18/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3245686

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PRES	Jacob S. Roberts, Jr.	7643 Milano Drive	Orlando, Florida 32835
V.P.	Danyel Hancock	1810 Windsor Oak Drive	Apopka, Florida 32703
SEC.	Nicole Hancock	1810 Windsor Oak Drive	Apopka, Florida 32703
TREAS	Barbara Girtman	8730 Foley Drive	Orlando, Florida 32825
			800002110098--9 -03/11/97-01085-007 ****358.75 ****358.75

8. Name and Address of Current Registered Agent

Jacob S. Roberts, Jr.
7643 Milano Drive
Orlando, Florida 32835

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

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **February 28, 1997**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

[Signature] **Jacob S. Roberts, Jr. Pres** **2/28/97** **(407) 849-4222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (12/95)