

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005482

1. Corporation Name

SUNSHINE BEHAVIORAL HEALTH SERVICES, INC.

W10-2586

2. Principal Office Address - No P.O. Box #

3530 OAK ST. NE

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33704

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
10 JAN 27 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 07-10

500166589295
01/19/10--01036--006 **183.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

NOV. 1994

5. FEI Number

59-3280151

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 T. GRADY

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

3530 OAK ST. NE

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33704

☒ 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.

01/27/10--01039--001 **70.00
500166589295

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/14/2010

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
<u>PST</u>	<u>MICHAEL GRADY</u>	<u>3530 OAK ST. NE</u>	<u>ST. PETERSBURG, FL 33704</u>

DC 1/28

10. E-mail Address: MGRADY 8958 @ AOL. COM

(To be used for future annual report notification)

11. 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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/2010 (727) 488-3520

Daytime Phone #