

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

99 NOV 19 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 98-90

DOCUMENT # N97000003053

1. Corporation Name  
CHILDREN AND ADOLESCENT TREATMENT  
SERVICES, INC.

Principal Place of Business

Mailing Address

447 LAKE HOWELL RD  
MAITLAND, FL. 32751

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

4. Date Incorporated or Qualified To Do Business in Florida

5-28-97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**Applied For**

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**CERTIFICATE OF STATUS DESIRED** ☐

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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
2	3	4	
PD	MICHAEL Schlueter	3050 BARRYMORE CT	ORLANDO, FL 32835
VD	Marybeth Weigand	8677 VIA DEL ARBOR	SCOTTSDALE AZ 85258
TD	GARY Schmitz	328 OVERBROOK DR E	LARGO, FL 33770
			300003061883--6 12/06/99-01102-009 ***297.50 ***297.50 <b>LS</b>

**8. Name and Address of Current Registered Agent**

**9. Name and Address of New Registered Agent**

AMER LADY OR  
342 ALMERIA AVE  
CORAL GABLES, FL 33134

Name EARY Schmitz  
Street Address (P.O. Box Number is Not Acceptable) 328 Overbrook Dr E  
Suite, Apt. #, Etc. \_\_\_\_\_  
City Largo State FL Zip Code 33770

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

REGISTERED AGENT MUST SIGN

Date 11-16-99

11. This corporation owes 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

GARY M. SCHMITZ TREASURER 11/16/99 727-584-1692