

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL -1 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000006766

1. Corporation Name

THE ADOLESCENT TRAINING CENTER, INC.

2. Principal Office Address

13233 S.W. 2nd Ct.

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34473

Country

USA

3. Mailing Office Address

P.O. Box 1645

Suite, Apt. #, etc.

City & State

Bellevue, FL

Zip

34421

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/03/1997

5. FEI Number

59-3484261

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

Harvey, Belinda D

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

13233 S.W. 2nd Ct

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34473

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

Belinda D. Harvey
REGISTERED AGENT MUST SIGN

Date 6/26/02

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
D	Harvey, Belinda	13233 S.W. 2nd Ct	Ocala, FL 34473
D	Brown, Louis J. Jr.	6949 Ross Terrace	Holder, FL 34445
vpd	Salmon, Betty J	5473 SW 100 Loop	Ocala, FL 34476

10. 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)(l), 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:

Belinda D. Harvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/26/02

Daytime Phone #

CR2E081 (9/00)