

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 30 AM 9:53

DOCUMENT # N98000001340

**1. Corporation Name**

Visionary Adolescent Services, Inc.

**2. Principal Office Address**

125 Geneva DR.

Suite, Apt. #, etc.

City & State

Oviedo, FL

Zip

32765

Country

U.S.A.

**3. Mailing Office Address**

P.O. Box 621139

Suite, Apt. #, etc.

City & State

Oviedo, Florida

Zip

32762-1139

Country

U.S.

REINSTATEMENT 99-00

**4. Date incorporated or qualified  
To Do Business in Florida**

March 6, 1998

**5. FEI Number**

59-3496233

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 L. Moore, Esquire

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

~~5458 Holtner Avenue, Suite 303~~ 640 N. Hillside Ave.

Suite, Apt. #, Etc.

~~Suite 303~~

City

Orlando, FL

State

FL

Zip Code

3281232803

**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

*Michael L. Moore*

REGISTERED AGENT MUST SIGN

Date 10-25/2000

**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
CEO/ Dir	Terri B. Warren	5544 CREPE MYRTLE CIRCLE	Oviedo, FL 32765
Dir	Jacquelyn Moore	2855 Dudley Drive	Bartow, FL 33830
Dir	Jacob Gallmon	2200 Juanita Ave.	Ft. Pierce, FL 34946

**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)(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:

*Terri B. Warren*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2000

Date

407-977-0420

Daytime Phone #