PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 MAY 17 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000008220**

1. Corporation Name

NAPLES PSYCHIATRIC AND COUNSELING SERVICES, INC.

Principal Place of Business	Mailing Address
2335 NORTH TAMIAMI TRAIL SUITE 205, MOORINGS PROFESSIONAL BLDG. NAPLES FL 34103	2335 NORTH TAMIAMI TRAIL SUITE 205, MOORINGS PROFESSIONAL BLDG. NAPLES FL 34103

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

REINSTATEMENT 01-02

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 783 Tramore Lane
City & State	City & State Naples FL
Zip / Country	Zip 34108 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/18/2000

5. FEI Number: 65-0973543 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HALIKAS, JAMES DR.	783 TRAMORE LANE	NAPLES FL 34108

500005664145--4
-05/03/02--01020--005
****900.00 ****900.00

8. Name and Address of Current Registered Agent

PARRISH, JON D
PARRISH, WHITE, LAWHON & MOORE, P.A.
2171 PINE RIDGE ROAD, SUITE D
NAPLES FL 34109

9. Name and Address of New Registered Agent

Name: Doug Wiebel
Wiebel, Hennells + Carufe, PA
Street Address (P.O. Box Number is Not Acceptable): 9240 Bonita Beach Rd.
Suite, Apt. #, Etc.: 3305
City: Bonita Springs State: FL Zip Code: 34135

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: D Wiebel Date: 3/15/02
REGISTERED AGENT MUST SIGN

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: A. Halikas 4/1/02 941-430-1877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #