

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 28 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000040404

1. Corporation Name

OUTPATIENT ALCOHOL RECOVERY SERVICES, INC.

Principal Place of Business

3255 PINE VALLEY ROAD
SARASOTA FL 34232

Mailing Address

3255 PINE VALLEY ROAD
SARASOTA FL 34232



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

2. New Principal Office Address, If Applicable

2201 Ringling Blvd

Suite, Apt. #, etc.

Suite 202

City & State

SARASOTA, FL

3. New Mailing Office Address, If Applicable

PO Box 5642

Suite, Apt. #, etc.

City & State

SARASOTA, FL

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/2000

5. FEI Number

65-1026023

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RAYFIELD, BEVERLY B	3255 PINE VALLEY ROAD 632 GOLDEN GATE	SARASOTA FL 34232 42

900017192299
04/28/03--01069--015 **300.00

8. Name and Address of Current Registered Agent

MORAN, MICHAEL

~~1000 SECOND STREET STE 850~~
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

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

2201 Ringling Blvd

Suite, Apt. #, Etc.

Suite 202

City

Sarasota

State

FL

Zip Code

34237

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/03

941-330-2925

CR2ED40 (8/02)

OUTPATIENT ALCOHOL RECOVERY SERVICES, INC.
P.O. BOX 5642
SARASOTA, FL 34277-5642
941-330-2929

TO WHOM IT MAY CONCERN:

IT HAS JUST BEEN BROUGHT TO MY ATTENTION THAT A NOTICE OF ADMINISTRATIVE
DISSOLUTION HAS BEEN GIVEN.

I AM REQUESTING THAT THE REINSTATEMENT FEE BE WAIVED AS WE DID NOT RECEIVE
THE TWO PREVIOUS UBR NOTICES. AS YOU WILL NOTE FROM THE ATTACHED
APPLICATIONS, OUR PLACE OF BUSINESS CHANGED, AS WELL AS OUR MAILING ADDRESS.
THE FORMS WERE NOT FORWARDED ON TO US.

THANK YOU,

A handwritten signature in black ink, appearing to read "Beverly Rayfield", written over the printed name.

BEVERLY RAYFIELD
PRESIDENT