PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 26 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000031453**

1. Corporation Name

ROBERT A. CARTER, MA, LMHC, BCIACSF, P.A.

Principal Place of Business	Mailing Address
~~HEALTHPLEX, 2935 HWY. 77~~	~~HEALTHPLEX, 2935 HWY. 77~~
PANAMA CITY FL 32405	PANAMA CITY FL 32405

REINSTATEMENT 07

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
200 Forest Park Circle	200 Forest Park Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/26/2001

5. FEI Number: 59-3709990 ☐ 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
PSTD	CARTER, ROBERT A	~~HEALTHPLEX, 2935 HWY. 77~~ 200 Forest Park Circle	PANAMA CITY FL 32405
		000025047020 11/26/03--01006--022 **150.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CARTER, ROBERT A ~~HEALTHPLEX, 2935 HWY. 77~~ PANAMA CITY FL 32405	Name Street Address (P.O. Box Number is Not Acceptable): 200 Forest Park Circle Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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: Robert A Carter — Date: 11/24/03
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)(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.

Robert A. Carter

SIGNATURE: Robert A Carter — 11/24/03 — 8507851818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

W M S

W. M. SHEPARD C.P.A., P.A.

Certified Public Accountant

201 East Fourth Street • Panama City, Florida 32401 • (850) 747-1888 • FAX (850) 763-5551

November 24, 2003

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Robert A Carter, MA, LMHC, BCIACSF, PA
Document No. P01000031453

Gentlemen:

We are requesting waiver of the penalties relative to the non filing and dissolution of the above corporation. The Corporation moved its corporate offices during 2002 and never received the form for the 2003 filing year. The move came about due to a disagreement with the agency that provided space to several practitioners and it has recently come to light that the agency [redacted] just returned the mail to sender rather than forwarding it or holding it for the addressee.

Your consideration in this matter is greatly appreciated.

Very truly,

W M Shepard

Enc.