

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 MAR 28 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091282

1. Corporation Name

CAROLYN COLE ARNOLD, PSY.D., P.A.

Principal Place of Business

6533 TIMBER LANE
BOCA RATON FL 33433

Mailing Address

6533 TIMBER LANE
BOCA RATON FL 33433

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/2001

5. FEI Number

65 0501755

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
P	ARNOLD, CAROLYN C	6533 TIMBER LANE	BOCA RATON FL 33433

8. Name and Address of Current Registered Agent

ARNOLD, CAROLYN C PSY.D.
6533 TIMBER LANE
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Carolyn C Arnold
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

3-11-03

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.

SIGNATURE:

Carolyn C Arnold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-11-03

Daytime Phone #

561 338-6995

CAROLYN ARNOLD, PSY.D, P.A.
LICENSED PSYCHOLOGIST – PY4850
561 338 – 6995

March 11, 2003

To Whom It May Concern;

I am writing this letter to notify you that I have not received any prior notification of the Uniform Business Report.

I have received the Notice of Administrative Dissolution. I have enclosed a check for \$300 in order to satisfy the fees for 2002 and 2003, and to reinstate the corporation.

Thank you,

A handwritten signature in cursive script, appearing to read "Carolyn Arnold", written in black ink.

Carolyn Arnold, Psy.D.