

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 31 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **7.02000012495**

1. Corporation Name

**Emery Psychological Center, P.A.**

2. Principal Office Address

**6865 SW 18<sup>TH</sup> Street**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

**Suite 12**

Suite, Apt. #, etc.

City & State

**Boca Raton, FL**

City & State

Zip

**33433**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/04/2002**

5. FEI Number

**80-0033749**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03**

**7. Name and Address of Current Registered Agent**

Name

**Michael S. Singer, Esq.**

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

**3801 P6A Blvd.**

Suite, Apt. #, Etc.

**Suite 604**

City

**Palm Beach Gardens**

State

**FL**

Zip Code

**33410**

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

*[Signature]*

Date **10/27/03**

REGISTERED AGENT MUST SIGN

**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
<b>PO</b>	<b>Laurie M. Emery</b>	<b>9659 A Boca Gardens Parkway</b>	<b>Boca Raton, FL 33496</b>

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:

*[Signature: Laurie M. Emery]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/29/03**

Daytime Phone

**561  
395  
2005**

CR2E081 (10/02)

EMERY PSYCHOLOGICAL CENTER, P.A.  
6865 SW 18<sup>TH</sup> STREET  
BOCA RATON, FLORIDA 33433

October 27, 2003

Department of State  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Emery Psychological Center, P.A.

Dear Sir or Madam:

Please be advised that I received a Notice of Dissolution for the above-referenced P.A. This is the first mail I have received from your office. I never received my annual report or any notice that this P.A. was being dissolved. I still receive mail at the address listed for the P.A. and I did not receive anything from you except the Notice of Dissolution.

Pursuant to instructions from your office, I have enclosed my check in the amount of \$150.00 representing the filing fees for the P.A.'s annual reports. Please note that I do want to change my address at this time to the address listed on the reinstatement form. Please reinstate this P.A. at your earliest convenience. Thank you.

Sincerely,

  
LAURIE M. EMERY  
President/Director

Enclosures as Stated