PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 SEP 10 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (1/07)

DOCUMENT # P03000029630

1. Corporation name
CARRINGTON EVALUATION & BEHAVIORAL SERVICES, P.A.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2120 N Hampton Cir	P.O. Box 5263
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park Fl	City & State: Winter Park Fl
Zip: 32792 County: USA	Zip: 32793 County: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/13/2003

5. FEI Number: 134246069 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: EVE G CARRINGTON
Street Address (P.O. Box Number is Not Acceptable): 2120 N. HAMPTON cir
Suite, Apt. #, Etc.
City: Winter Park Fl State: FL Zip Code: 32792

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: 09-07-2007
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
Pres	EVE G CARRINGTON	2120 N. HAMPTON Cir	Winter Park Fl 32792

10. I certify that I am an officer or director of the resigner 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 contained in Chapter 119, F.S. The information contained on this application is true and correct, and the signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 09-07-2007 407 929-2999
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 9/11

Division of Corporations

Florida Department of State

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CORPORATION REINSTATEMENT

CARRINGTON EVALUATION & BEHAVIORAL SERVICES, P.A.

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