Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From: Cheryl Foote
Account Name : HAHN LOESER & PARKS
Account Number : I20070000069
Phone : (239)254-2900
Fax Number : (239)592-7716

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jseewald@hahnlaw.com

CORPORATION REINSTATEMENT
PSYCHSKILLS INSTITUTE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 FEB 18 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000006732

1. Corporation Name
Psychskills Institute, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
15730 Pipers Glen		15730 Pipers Glen	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Ft. Myers		Ft. Myers	
Zip	Country	Zip	Country
33912	USA	33912	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 01/16/2007

5. FEI Number 208835467 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Audrey R. Sherman

Street Address (P.O. Box Number is Not Acceptable): 15730 Pipers Glen

Suite, Apt. #, Etc.

City	State	Zip Code
Ft. Myers	FL	33912

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: Audrey R. Sherman Date: 2-15-11
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
D	Audrey R. Sherman	15730 Pipers Glen	Ft. Myers, FL 33912
			S. HAWKES
	REINSTATEMENT		JAN 18 2011
	2009-11		EXAMINER

10. E-mail Address: jseewald@hahnlaw.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Audrey R Sherman AUDREY R SHERMAN 2-15-11 239-292-2451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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