

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 27 AM 10:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P92000006824

1. Corporation Name

ASSOCIATED PSYCHOLOGICAL SERVICES OF N.E. FL, I
NC.

Principal Place of Business

2820 GIBSON RD.
JACKSONVILLE FL 32207

Mailing Address

2820 GIBSON RD.
JACKSONVILLE FL 32207



REINSTATEMENT 9600

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

2. New Principal Office Address, If Applicable x Suite B2 Atlantic Bch., FL City & State		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State		4. Date Incorporated or Qualified To Do Business in Florida 11/20/1992	
5. FEI Number 59-3157267		Applied For Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<input checked="" type="checkbox"/> \$675 Additional Fee required for a Certificate of Status <input type="checkbox"/> \$0			
Zip 32233	Country U.S.A.	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MAIDA, GEORGE N	884 EASTCOAST DR.	ATLANTIC BEACH FL 32233

100002043951--8
-01/03/97--01022--016
***375.00 ***375.00

8. Name and Address of Current Registered Agent

MAIDA, GEORGE N PHD
2820 GIBSON RD.
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name
Same Name: George N. Maida, PhD
Street Address (P.O. Box Number is Not Acceptable)
675 Maxport Rd, 3B2
Suite, Apt. #, Etc.
Atlantic Bch., FL
City
State
FL Zip Code
32233

CR2040 (7/96)

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.

Signature of
Registered Agent

George N. Maida, PhD
REGISTERED AGENT MUST SIGN

Date 12-28-90

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12 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:

George N. Maida
George N. Maida, PhD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #