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
97 DEC -9 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000061723**

1. Corporation Name
ACCORD COMPREHENSIVE THERAPEUTIC SERVICES, INC.

Principal Place of Business	Mailing Address
~~5740 OLD CHENEY HIGHWAY~~ ~~ORLANDO FL 32807~~	~~5740 OLD CHENEY HIGHWAY~~ ~~ORLANDO FL 32807~~
122 N. Sinclair Ave. Tavares, FL 32778	122 N. Sinclair Ave. Tavares, FL 32778

If above address is not correct in any way, line through the incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. ~~122 N. Sinclair Ave.~~	Suite, Apt. #, etc. ~~122 N. Sinclair Ave.~~
City & State ~~Tavares, FL 32778~~	City & State ~~Tavares, FL 32778~~
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/01/1993

5. FEI Number: 59-3198474 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addressos 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
PD	MURRAY, MOLLY L PSY.D.	~~5740 OLD CHENEY HWY~~ 122 N. Sinclair Ave.	~~ORLANOD FL~~ Tavares, FL 3277
TD	OTTO, TERRANCE A M.D.	~~5740 OLD CHENEY HIGHWAY~~ 122 N. Sinclair Ave.	~~ORLANDO FL~~ Tavares, FL 32778
			600002370026-- 7 -12/12/97--01004--008 ****750.00 ****750.00

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SC 12-11-97

8. Name and Address of Current Registered Agent

~~OTTO, TERRANCE A MD~~
~~5740 OLD CHENEY HIGHWAY~~
~~ORLANDO FL 32807~~
122 N. SInclair Ave.
Tavares, FL 32778

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

CR2E040 (8/97)

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: Terrance A Otto Date:
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Terrance A Otto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #