

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

97 NOV 10 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000050691

1. Corporation Name

THE ADDICTIONS CENTER FOR TREATMENT, INC.

Principal Place of Business

2905 S. FEDERAL HWY
SUITE C-7
DELRAY BEACH FL 33483
US

Mailing Address

2905 S. FEDERAL HWY
SUITE C-7
DELRAY BEACH FL 33483
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
4800 NW 2ND AVE #2
City & State
BOCA RATON, FL
Zip
33431 Country
US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
4800 NW 2ND AVE #2
City & State
BOCA RATON, FL
Zip
33431 Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1995

5. FEI Number

65-0594488

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
PD VA JD PD (1/2)	RUSTEMIAN, JAMES	WALT WHITMAN RD STE LL11	MELVILLE NY 11747
	CHERNAK, MICHAEL	3118 FLORIDA BLVD #202B	DELRAY BEACH FL

200002345172--5
11/12/97--01098--015
****165.00 ****165.00

11/10

8. Name and Address of Current Registered Agent

CHERNAK, MICHAEL
3118 FLORIDA BLVD #202B
DELRAY BEACH FL 33483

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

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

Michael Chernak
REGISTERED AGENT MUST SIGN

Date 10-29-97

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:

Michael Chernak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Chernak

10-29-97

Date

561-998-
7980

Daytime Phone #

CR2E040 (8/97)

A.C.T.

October 30, 1997

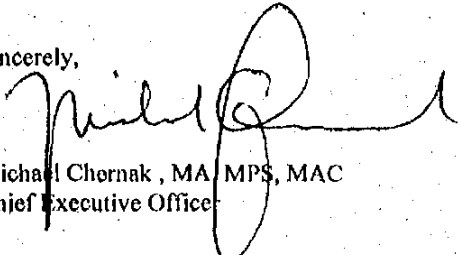
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Annual Corporate Report
Doc. No: P95000050691
FEI #65-0594488

To Whom It May Concern:

Enclosed please find our application for reinstatement along with our check for \$165.00. Please note our address change from; 2905 S. Federal Hwy, Suite C, Delray Bch, Fl. to 4800 NW 2nd Ave., Suite 2, Boca Raton, Fl. 33431. The reason for our not complying sooner is we have never received our renewal package. We regret any inconvenience this may have caused, and appreciate your cooperation and understanding in this matter.

Sincerely,



Michael Chernak, MA, MPS, MAC
Chief Executive Officer

MC/ci
Enclosures

4800 N.W. 2nd Ave. • Suite 2 • Boca Raton, Florida 33431

Office: (561) 998-7980 • FAX: (561) 998-2065