

**APPLICATION
FOR
REINSTATEMENT**



DOCUMENT # P95000051010

LIBERTY BEHAVIORAL MANAGEMENT OF FLORIDA, INC.

Mailing Address

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Zip **02110**

Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

06/29/1995

5. FEI Number

65-0600079

Applied For

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED** ☐

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	HARTIGAN, WILLIAM J	21 CUSTOM HOUSE ST.	BOSTON MA 02110
P/D	Hartigan, William J.	21 Custom House Street	Boston, MA 02110
D	JACOBS, FREDERICK H	21 CUSTOM HOUSE ST.	BOSTON MA 02110
v/D	Eustis, Robert D.	21 Custom House Street	Boston, MA 02110

200002009832--1
-11/20/96--01073--014
***375.00 ***375.00

JB11-18-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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**

Patricia A. Chaves

PATRICIA A. CANARIO,
SPECIAL ASSISTANT SECRETARY Date

10/24/96

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:

Robert D. Eustis Robert D. Eustis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/96 (617) 946-3360

Date _____ Daytime Phone # _____

CONCLUSIONS