PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P95000088622

CAPE CORAL BEHAVIORAL HEALTH CENTER INC.

Principal Place of Business

Mailing Address

1314 CAPE CORAL PARKWAY, STE 315

1314 CAPE CORAL PARKWAY, STE 315 CAPE CORAL FL 33914

FILED

96 NOV 18 AM II: 05

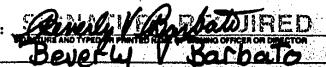
SECRETARY OF STATE TALLAHASSEE, FLORIDA

CAPE CORAL FL 33914		CAPE CORAL FL 33914													
If above a	ddresses are incorrect in any way, line	through incorrect	t Information and ente	ar correction below.	REINS	STATEMEN	IT 4)								
Suite, Apt. #, etc. Suite, Apt.			3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State		4. Date Incorporated or Qualified To Do Business in Florida 11/18/1995 5. FEI Number										
								Zip Country Zip		Zip	Zip Country		CERTIFICATE OF STATUS DESIRED		
								7. Names a	and Street Addresses of Each Officer a	nd/or Director (F				g dysk. syklik	avalentista albin
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		n Yumbers)	City / E	State / Zip								
D .	BARBATO, BEVERLY A	4812 SW SRD AVENUE			CAPE CORAL FL 330	14									
D	BARBATO, GERALDINE A	4812 SW 3RD AVENUE			CAPE CORAL FL 339	14									
D	CHARNOGURSKY, JAMES M		1932 S.E. 6TH LANE			CAPE CORAL FL SO	0								
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						****	1=19-90								
	8. Name and Address of Curre	gent													
BARE	IATO, BEVERLY V		Name												
1314 CAPE CORAL PARKWAY, STE 315 CAPE CORAL FL 33914					P.O. Box Number is Not Acceptable)										
				Suite, Apt. #, Etc											
•				City		Sta F	te Zip Code								
10. I. baino	appointed the registered agent of the	anova named code	moration am familiar	with and accept the o	blications of Secti	ON BOT OSOS E R CONTRACTO	ESCAPANCINE AND								

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 Ring this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401; 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 certi.

SIGNATURE:

Signature of Registered Agent



11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

9/18/16

Daytime Phone #

(See other side for information on intangible tax.)