

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

90 APR 23 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000024985

1. Corporation Name

INNOVATIVE BEHAVIORAL CONCEPTS, INC.

Principal Place of Business

**1340 AMBERLEA EAST Amberlea
DUNEDIN FL 34698**

Mailing Address

**1340 AMBERLEA EAST Amberlea
DUNEDIN FL 34698**



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.
1340 Amberlea East
City & State
Dunedin, FL 34698

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
Same
City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1996

5. FEI Number

59-3424224

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
D	MASRIDGE, BENJAMIN J	1340 AMBERLEA EAST Amberlea	DUNEDIN FL 34698
D	SOTO, AL	5226 17TH ST. NORTH	ST. PETERSBURG FL 33714

200002504042-7
-04/28/98--01123--005
*****900.00 *****900.00

REINSTATEMENT

97-98

SL 4-24-98

8. Name and Address of Current Registered Agent

**WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643**

9. Name and Address of New Registered Agent

Name
Benjamin J. Mastridge
Street Address (P.O. Box Number is Not Acceptable)
1340 Amberlea Dr. East
Suite, Apt. #, Etc.
City
Dunedin
State
FL
Zip Code
34698

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4/16/98**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/98

Date

(813) 724-9044

Daytime Phone #

CP20040 (8/97)