

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAR 20 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000031499

1. Corporation Name

ACCORD PSYCHOLOGICAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

848 MYRTLE TERRACE  
NAPLES FL 34103  
US

848 MYRTLE TERRACE  
NAPLES FL 34103  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/08/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0655425

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HARRISON, NOBLE DR	848 MYRTLE TERRACE	NAPLES FL 34103
D	HARRISON, ELIZABETH	848 MYRTLE TERRACE	NAPLES FL 34103

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\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRISON, NOBLE DR.  
501 GOODLETTE ROAD NO. BLDG. D-100  
NAPLES, FL 33940

Name

HARRISON, NOBLE DR.

Street Address (P.O. Box Number is Not Acceptable)

848 MYRTLE TERRACE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34103

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]*

Date

3/14/02

REGISTERED AGENT MUST SIGN

11. 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

Date

3/14/02

Daytime Phone #

941-649-1569

CR2040 (8/01)