

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000069161			
1. Corporation Name JEAN ELLEN RICHARDSON, PSY.D., INC.			
Principal Place of Business 1403 SADDLERIDGE DRIVE ORLANDO FL 32835		Mailing Address 1403 SADDLERIDGE DRIVE ORLANDO FL 32835	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 08/16/1996		5. FEI Number 59-3398398	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	RICHARDSON, JEAN E	1403 SADDLERIDGE DRIVE	ORLANDO FL 32835
VD	RICHARDSON, JENNY	1403 SADDLERIDGE DRIVE	ORLANDO FL 32835
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KELAHAR, NEVA M Neva M. Kelaher, Esquire 1177 Louisiana Avenue Suite 100 Winter Park, FL 32789		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
New address 77 Louisiana St		FL	
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 <i>[Signature]</i>		Date 10/17/00	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/17/2000 Daytime Phone # 407-422-7233	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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