PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 AUG 30 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074245

1. Corporation Name: Paul Inkeles PSY.D., CAP PA

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
1750 University DR	1750 University DR
Suite, Apt. #, etc.: Suite 209	Suite, Apt. #, etc.: Suite 209
City & State: Coral Springs FL	City & State: Coral Springs FL
Zip: 33071 Country: USA	Zip: 33071 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/3/96

5. FEI Number: 65-0688054 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Paul Inkeles

Street Address (P.O. Box Number is Not Acceptable): 1750 University DR.

Suite, Apt. #, Etc.: Suite 209

City: Coral Springs State: FL Zip Code: 33071

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: x Paul Inkeles x Paul Inkeles REGISTERED AGENT MUST SIGN Date: 8/16/01

CR2E051 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Paul Inkeles	1750 University DR. Suite 209	Coral Springs FL 33071

10. 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: x Paul Inkeles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 8/16/01 — Daytime Phone #: 954-346-3500