

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Suzanne B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 23 PM 3: 37

DOCUMENT #

1. Corporation Name

AMERICAN BEHAVIORAL CONTINUUM, INC
SEE NAME CHANGE AMENDMENT

Principal Place of Business

Mailing Address

3323 W. COMMERCIAL BOULEVARD
SUITE 111
FORT LAUDERDALE, FL 33309

REINSTATEMENT 98

SP 11/25

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

2. New Principal Office Address, If Applicable

2455 E. SUNRISE BLVD
Suite, Apt. #, etc. PH-S

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

1/22/97

5. FEI Number

65-0825543

Applied For

Not Applicable

City & State

FORT LAUDERDALE, FL

City & State

Zip

33304

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
CEO D/C	E.N. BURSON, III	3227 NE 38th Street Fort LAUDERDALE, FL 33308	
P	DENNIS P. SPILOTROS	#202 11791 ROYAL PALM BLVD	CORAL SPRINGS, FL 33065
S	JOY H. STRITIKUS	811 SE 22ND AVE #11	POMPANO BEACH, FL 33062
AS	REBECCA J. MATHEWS	4554 NW 16TH TERRACE	TAMARAC, FL 33309

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-11/24/98--01007--017
****758.75 ****758.75

8. Name and Address of Current Registered Agent

ERNEST N. BURSON
3323 W. COMMERCIAL BLVD
SUITE 110
FORT LAUDERDALE, FL 33309

9. Name and Address of New Registered Agent

Name JOY H. STRITIKUS
Street Address (P.O. Box Number is Not Acceptable)
2455 E. SUNRISE BLVD
Suite, Apt. #, etc. PH-S
City FORT LAUDERDALE
State FL
Zip Code 33304

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

JOY H. STRITIKUS
REGISTERED AGENT MUST SIGN

Date 11/18/98

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:

JOY H. STRITIKUS, Secretary
JOY H. STRITIKUS

Date 11/18/98

954.537-2100
Daytime Phone #

CR2E040 (1/98)