PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043835

1. Corporation Name

SOCIAL SOLUTIONS, INC.

Principal Place of Business	Mailing Address
906 S.E. LAKEVIEW DRIVE SUITE 110 SEBRING FL 33870 US	906 S.E. LAKEVIEW DRIVE SUITE 110 SEBRING FL 33870 US

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

REINSTATEMENT 03

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: 05/14/1997

5. FEI Number: 65-0765406 ☐ 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	4 City / State / Zip
D	PHILLIPS, STEPHEN GLENN	906 SE LAKEVIEW DR STE 4	SEBRING FL 33870

100023865131
10/16/03--01092--006 **150.00

8. Name and Address of Current Registered Agent

PHILLIPS, STEPHEN GLENN
906 S.E. LAKEVIEW DRIVE
SEBRING FL 33870

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date

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 REQUIRED Stephen G Phillips — 10-13-03 — 863-402-1088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SOCIAL SOLUTIONS, INC.

Individual, Couple & Family
Specializing in Addiction

October 13, 2003

Please be advised that we did not receive the Document # P97000043835 UBR form. We did receive the Document # N02000000148 form and mailed it in with a check on July 29, 2003. We are asking the reinstatement fee be waived as advised by the Department when we contacted them this morning.

Enclosed please find check for $150.00 and thank you for your consideration. If you have any questions please feel free to contact me at (863) 402-1088. If it is possible to send both forms together we would appreciate it.

Respectfully submitted,

Stephen G Phillips

Stephen G Phillips, LCSW, CAP

906 S.E. Lakeview Dr. • Sebring, FL 33870 • 863-402-1088 • Fax: 863-402-1456