

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -3 AM 11:56

DOCUMENT # P97000045487

1. Corporation Name

GERIATRIC PSYCHOLOGICAL SERVICES, INC.

100003473151--2
-11/21/00--01094--009
***1050.00 ***1050.00

2. Principal Office Address

200 S. ORANGE AVE.

3. Mailing Office Address

P.O. BOX 10508

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

LONGBOAT KEY, FL

Zip

34236

Country

USA

Zip

34228-7508

Country

USAS

4. Date Incorporated or Qualified
To Do Business in Florida

5/22/97

5. FEI Number

65-0755008

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

JOHN L. MOORE

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

200 SOUTH ORANGE AVENUE

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code

34236

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/31/00

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
DPT	MARTELL, EDWARD A.	POST OFFICE BOX 10508	LONGBOAT KEY, FL 34228-7508
S	MARTELL, MARTHA S.	POST OFFICE BOX 10708	LONGBOAT KEY, FL 34228-7508

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:

Edward A. Martell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward A. Martell

10/31/00

Date

941-387-0137

Daytime Phone #

CR2E081 (9/99)