

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000077772**

1. Corporation Name

BEHAVIORAL CHANGE INSTITUTE, INC.

Principal Place of Business

**823 N COCOA BLVD
SUITE D
COCOA BEACH FL 32922
US**

Mailing Address

**823 N COCOA BLVD
SUITE D
COCOA BEACH FL 32922
US**

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

2. New Principal Office Address, If Applicable

956 N. COCOA BLVD

Suite, Apt. #, etc.

SUITE 1125

City & State

COCOA FLORIDA

Zip

32922

Country

BREVARD

3. New Mailing Office Address, If Applicable

956 N. COCOA BLVD

Suite, Apt. #, etc.

SUITE 1125

City & State

COCOA FL.

Zip

32922

Country

BREVARD

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/1997

5. FEI Number

59-3465064

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BOWEN, DUNCAN	640 BREVARD AVE STE 102 956 N. COCOA BLVD, Ste 1125	COCOA BEACH FL 32922 COCOA FL. 32922

8. Name and Address of Current Registered Agent

BOWEN, DUNCAN

~~823 N COCOA BLVD~~ **956 N. COCOA BLVD**
COCOA FL 32922

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

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **12-28-01**

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
DUNCAN Bowen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-28-01

Daytime Phone #

321-639-9556

FILED
01 DEC 31 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 00-01

CR2E040 (8/00)