

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

02-03 USA

FILED

03 JUL 23 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000013312

1. Corporation Name

COMPREHENSIVE MEDPSYCH SYSTEMS, INC.

2. Principal Office Address

1229 South Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Office Address

1036 South Orange Avenue

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34239

Country

USA

City & State

Sarasota, FL

Zip

34236

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/09/1998

5. FEI Number

65-0812381

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

500021749075
07/23/03--01067--004 **300.00

7. Name and Address of Current Registered Agent

Name

Dr. Geoffrey Kanter

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

1036 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

Date

REGISTERED AGENT MUST SIGN

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
D	Kanter, Geoffrey Dr.	1036 South Orange Avenue	Sarasota, FL 34236

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/21/03

sh v. u

CR2E081 (10/02)



JAMES C. GOAR
JAMES W. ENDRISS
KATHLEEN R. WALKER

GOAR, ENDRISS & WALKER, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

July 17, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Corporate Reinstatement
Comprehensive Medpsych Systems, Inc.
Corporate Doc No. P98000013312

We recently became aware of the involuntary dissolution of Comprehensive Medpsych Systems, Inc. Enclosed is our application for corporation reinstatement. We have enclosed a check for \$300 for the years 2002 and 2003 and ask that the penalties for nonfiling of the Uniform Business Report be waived due to the following circumstance.

This corporation is owned by a single shareholder and is a small business. This is the first corporation, and business, this taxpayer has been involved in. In filing his corporate annual report for 2001, the shareholder changed his business address incorrectly by repeating the address number on two separate streets. He had recently moved both his office and his residence and was attempting to insure his mail would be received.

As a consequence, forms were never received. All other reports and forms are filed timely by this entity. The sole owner and shareholder is diligent in his efforts to comply with applicable rules and regulations. We ask that you consider his efforts and accept this reinstatement with the fee in its entirety.

Thank you for your assistance in this matter.

Very truly yours,

GOAR, ENDRISS & WALKER, P.A.

Kathleen R. Walker

KRW/mjc
Enclosure

cc: Dr. Kanter