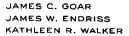


CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DESIGN OF CHAPPATENS					FILET) 03 JUL 23 AM 9: 59		
DOCUMENT # P98000013312 1. Corporation Name COMPREHENSIVE MEDPSYCH SYSTEMS, INC.					SECRETARY OF TALLAHASSEE.	STATE LORIDA	
2. Principal Office Address 3. Mailin				500021749075 07/23/0301067004 **300.00			
1229 South Tamiami Trail Suite, Apt. #, etc.		1036 South Orange Avenue					
	*		10-17		4. Date Incorporated or Qualified To Do Business in Florida 02/09/1998		
City & State		City & State	•		5. FEI Number Applied For		
Sarasota, FL		Sarasota, FL			12381	Not Applicable	
34239	, -	34236	USA	6. CERTIFICAT	E OF STATUS DESIRED (5 Additional Fee required or a Certificate of Status	
7. Name and Address of Current Registered Agent							
•	Dr. Geoffrey Kanter Street Address (P.O. Box Number is Not Acceptable) 1036 South Orange Avenue						
Suite, Apt. #, Etc.							
	^{City} Sarasota			State Zip Code FL 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 Date		
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		
 							
<u> </u>							
	<u> </u>						
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 PRIMED NAME OF SIGNING OFFICER OR DIRECTOR Date Date							

sh Win





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