

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000025421

1. Entity Name
**EMPLOYEE ASSISTANCE PROFESSIONALS OF SOUTH
FLORIDA, INC.**



Principal Place of Business
**1499 FOREST HILL BLVD
SUITE 115
WEST PALM BEACH, FL 33406**

Mailing Address
**1499 FOREST HILL BLVD
SUITE 115
WEST PALM BEACH, FL 33406**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05082988 REINSTATEMENT 07-08

4. FEI Number
65-0824348

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOGAN, DORIS
1499 FOREST HILL BLVD
SUITE 115
WEST PALM BEACH, FL 33406**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Doris Logan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-20-2008

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MS.
LOGAN, DORIS
1499 FOREST HILL BLVD SUITE 115
WEST PALM BEACH, FL 33406** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**600131594666
06/23/08--01052--021 **750.50** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
06/15/08 90021 050 \$158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris Logan* **DORIS LOGAN** **6-20-2008** **561-271-4480**
Signature and typed or printed name of signing officer or director Date Daytime Phone #



Doris Logan, CSWI, CEAP
President/CEO
Registered Clinical
Social Worker Intern: ISW3355
Certified Employee Assistance Professional

Jay Lee, Ph.D.
Chief Operating Officer

Thomas J. Christiansen, Ph.D.
Clinical Director
Clinical Psychologist: PY4922

June 20, 2008

Division of Corporation
Post Office Box 6327
Tallahassee, Florida

Re: Document #P98000025421
2008 For Profit Corporation Reinstatement

To Whom It May Concern:

In reference to the above captioned reinstatement, we request that the reinstatement fee be waived as we were not aware the corporation had been revoked. We are enclosing a check in the amount of \$550.00 to cover the 2007 late fee and the fee for 2008. Please use the \$8.75 we paid last year and send us the Certificate of Status.

Thank you for your assistance in this matter.

Sincerely yours,

Doris Logan, CSWI, CEAP
President/CEO

DL/cl

Encl.