

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000044379

1. Corporation Name

WESTON CENTER FOR PSYCHOLOGICAL SERVICES INC.

Principal Place of Business

2300 N COMMERCE PKWY
#315
WESTON FL 33326

Mailing Address

2300 N COMMERCE PKWY
#315
WESTON FL 33326

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1999

5. FEI Number

65-0957064

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

D

SAFFA-BILLER, DALIA E

644 STANTON DRIVE

WESTON FL 33326

900008769059
11/04/02--01007--001 **150.00

200008769102
11/04/02--01007--002 **8.75

8. Name and Address of Current Registered Agent

SAFFA-BILLER, DALIA E
644 STANTON DRIVE
WESTON FL 33326

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-28-02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-02

Daytime Phone #

2 of 2

The Weston Center for Psychological Services Inc.

A Helping Hand is Always Within Your Reach

October 28, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

RE: Document Number P99000044739 - Reinstatement of Corporation Status

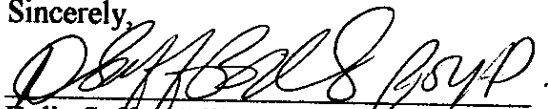
To whom it may concern:

I am in receipt of the notice of administrative dissolution. We apologize for this error and have enclosed a completed reinstatement application and fee. Please note that our location (building-facility) has been under construction for over the past year while physician offices/suites were "built-out" and tenants have been moving "in and out" of the building. Given this, our mail service has been inconsistent. We frequently have our mail delivered to wrong suites/addresses. Often times not even receiving critical mail. We have made formal complaints to the post office. We did not receive an application to file the 2002 corporation annual report/uniform business report for the WESTON CENTER FOR PSYCHOLOGICAL SERVICES INC. - Document Number P99000044379. I understand that we should have contacted you in the event that documentation was not received. Regretfully, this was an oversight.

Again, I apologize for any inconvenience and would like to expedite this process. Please advise us of any additional information that you may need, or of any further procedures that we may need to take in order to reinstate corporation status.

Thanking you in advance for your prompt attention and assistance.

Sincerely,



Dalia Saffar - Biller, Psy.D.

Licensed Psychologist - PY5859

Director, Weston Center for Psychological Services, Inc.

Empowering Individuals and Families for a Brighter Future

2300 North Commerce Parkway Suite 315 Weston, Florida 33326 * Tel: (954) 389-5563 Fax: (954) 389-6690