

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN -5 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 537314

1. Corporation Name

Vista Psychological Services, PA

YHP

2. Principal Office Address

120 University Park Drive P.O. Box 4728

Suite, Apt. #, etc.

Suite 215

3. Mailing Office Address

P.O. Box 4728

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32792

Country

USA

Zip

32793

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/13/1991

5. FEI Number

593053057

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT '01-'05**

7. Name and Address of Current Registered Agent

Name

Glen W. Gibson

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

640 London Road

Suite, Apt. #, Etc.

City

Winter Park

State  
FL

Zip Code

FL

700044040297

01/05/05--01010--007 \*\*750.00

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

*Glen W. Gibson*

Date 12/31/04

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
P.	Glen W Gibson	640 London Road	Winter Park, FL 32792
V.	Cathy W Gibson	640 London Road	Winter Park, FL 32792

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:

*Glen W. Gibson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/04

Date

407 657-5800

Daytime Phone #

CR2001 (01/04)

**VISTA PSYCHOLOGICAL SERVICES, P.A.**

120 University Park Drive • Suite 215  
Winter Park, Florida 32792

**GLEN W. GIBSON, M.A.**  
Licensed Mental Health Counselor

**TEL (407) 657-5800**  
**FAX (407) 657-4269**

**CATHY W. GIBSON, M.A.**  
Licensed Mental Health Counselor

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December 31, 2004

RE: Vista Psychological Services, PA

Dear Secretary of State,

Attached is a Corporation Reinstatement form for Vista Psychological Services, PA, Document # S37314. We just became aware that we are not registered as a corporation. We did not receive a notice to register. We have enclosed \$750.00 to reinstate through 2005. Thank you.

Sincerely,



Glen W. Gibson  
President