

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**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

Handwritten initials

2. Principal Office Address

120 University Park Drive

3. Mailing Office Address

P.O. Box 4728

Suite, Apt. #, etc.

Suite 215

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.

700044040297

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

City

Winter Park

State
FL

Zip Code

FL

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

Handwritten signature

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:

Handwritten signature

12/31/04

407 657-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)

Handwritten notes at bottom of page

252

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


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