

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -9 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **579717**

1. Corporation Name

**Anastasia Medical & Behavioral
Services, Inc.**

2. Principal Office Address

100 Anastasia Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

St Augustine, FL

Zip

32080

Country

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/9/91

5. FEI Number

59-3092760

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jean C Harris, MD

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

100 Anastasia Blvd.

Suite, Apt. #, Etc.

City

St Augustine

State

FL

Zip Code

32080

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

Jean C Harris MD

REGISTERED AGENT MUST SIGN

Date

6/5/03

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	Jean C Harris Letts MD	100 Anastasia Blvd	St Augustine, FL 32080
D	Abraham Cohen	100 Anastasia Blvd	St Augustine, FL 32080
D	Jane Cohen	100 Anastasia Blvd	St Augustine, FL 32080

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:

Jean C Harris Letts MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/03

Date

(904) 825-1288

Daytime Phone #

CR2E081 (10/02)

26/10

June 5, 2003

Dear Sir or Madam:

Through recent conversations with the Internal Revenue Service, it has come to my attention that my wholly owned corporation, Anastasia Medical & Behavioral Services, Inc., is no longer considered active by the state of Florida. Please know that I have yet to receive any notice from the State concerning late or delinquent filing of the Uniform Business Report. Therefore, I am respectfully requesting the reinstatement of my corporation. I have included a \$300.00 check to cover the last two years filing fees.

I appreciate your concern in these matters.

Sincerely,

Jean C. Harris-Letts, M.D.