

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 SEP 26 PM 6 22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F-99000006275
 1. Corporation Name:
Family Preservation Services of S.C., Inc.
 (DBA Family Preservation Community Services)

2. Principal Office Address <u>One Monckton Blvd.</u>		3. Mailing Office Address <u>5744 Jefferson Davis Hwy</u>	
Suite, Apt. #, etc. <u>Suite A</u>		Suite, Apt. #, etc. <u>Suite 100</u>	
City & State <u>Columbia, SC</u>		City & State <u>Fredericksburg, VA</u>	
Zip <u>29200</u>	Country <u>USA</u>	Zip <u>22407</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>2/3/1999</u>
5. FEI Number <u>58-2323717</u>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent

Name: Linda Erickson

Street Address (P.O. Box Number is Not Acceptable): 311 South 2nd St.

City, Apt. #, etc.: Ft. Pierce

State: FL Zip Code: 34982

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0605 or 617.0605, F.S.

Signature of Registered Agent: [Signature] Date: 9/25/03

REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	<u>Craig Norris</u>	<u>5744 Jefferson Davis Hwy</u> <u>Suite 100</u>	<u>Fredericksburg, VA</u> <u>22407</u>
D	<u>Paul Douray</u>	<u>4813 Harvest Glenn Court</u>	<u>Fredericksburg, VA</u> <u>22408</u>
C	<u>Linda Erickson</u>	<u>One Monckton Blvd.</u> <u>Suite A</u>	<u>Columbia, SC</u> <u>29200</u>
D	<u>Kathryn Grabowski</u>	<u>1048 n. East Wright Ave.</u>	<u>Jensen Beach, FL</u> <u>34957</u>

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 taxes 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(5)(b), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] Date: 9/25/03 (540) 110-6085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CRAIG NORRIS