

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -8 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008514

1. Corporation Name

Discovery Counseling, A Non-profit Corporation

REINSTATEMENT 03

800025328958
12/08/03--01076--007 **245.00

2. Principal Office Address

2719 St. Armand Court

3. Mailing Office Address

2719 St. Armand Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32835

Country

USA

Zip

32835

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-04-03

5. FEI Number

41-2067870

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

Cheryl E. Gowin

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

2719 St Armand Court

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32835

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

Cheryl E. Gowin
REGISTERED AGENT MUST SIGN

Date

12-4-03

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	Cheryl E. Gowin	2719 St Armand Court	Orlando, FL 32835
D	Dennis L Gowin	2719 St Armand Court	Orlando, FL 32835
D	Andrew Blanchard	2719 St. Armand Court	Orlando, FL 32835

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:

Cheryl E. Gowin CHERYL E. Gowin

Date

12-4-03

Daytime Phone #

407-
282-
7933

CR2E081 (10/02)

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