PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 OCT 31

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 31 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000103533

1. Corporation Name

SOUTHWEST PSYCHOTHERAPY AND COUNSELING CENTER, I NC.

Principal Place of Business	Mailing Address
3440 CONWAY BLVD BLGD 2 STE 3 PORT CHARLOTTE FL 33952	3440 CONWAY BLVD BLGD 2 STE 3 PORT CHARLOTTE FL 33952

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/24/2001

5. FEI Number: 03-0413575 — Applied For ☐ — Not Applicable X

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	MURTY, VIJAYA	3440 CONWAY BLVD BLGD 2 STE 3	PORT CHARLOTTE FL 33952
S	VELAMAKANNI, KRISHNAMURTY S	3440 CONWAY BLVD BLGD 2 STE 3	PORT CHARLOTTE FL 33952

300003725953
10/31/02--01051--012 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MURTY, VIJAYA 3440 CONWAY BLVD BLGD 2 STE 3 PORT CHARLOTTE FL 33952	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/28/02.
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED — 10/28/02 — (941) 766-8835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Vijaya K. Murty, MSW, LCSW
S.W. Psychotherapy & Counseling Center
INC.

3440 Conway Blvd., Suite A3
Port Charlotte, Florida 33952
941-629-7092
941-629-1111

October 28, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Dear Mr Smith,

I am writing in regards to the letter of dissolution I received from you this week.
I would like you to reconsider this action, and waive the fees, on the basis that I applied for my corporation in October 2001 and my business was not active until April of 2002, at which time I applied for my federal tax identification number. This is the first, and only notice, I have received regarding monies that I owe. I have enclosed a check for $150.00 to be applied to the appropriate fees that I owe.

Sincerely,

V.K. Murty LCSW.

Vijaya K. Murty, MSW, LCSW