

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUN 21 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 762783

1. Corporation Name

Chemical Dependency Counseling,  
Incorporated

2. Principal Office Address - No P.O. Box #

3636 University Blvd S

Suite, Apt. #, etc.

Suite A7

City & State

Jacksonville FL

Zip

32216

Country

Duval

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04-08-1982

5. FEI Number

592178947

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

Finney, Craig

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

3636 University Blvd S

Suite, Apt. #, Etc.

Suite A7

City

Jacksonville

State

FL

Zip Code

32216

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6-17-10

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
D	Craig Finney	3636 University Blvd S Suite A7	Jax FL 32216
M	Kathy Hobbs	3636 University Blvd S Suite A7	Jax FL 32216
S	Lois Brinkley	3636 University Blvd S Suite A7	Jax FL 32216

10. E-mail Address:

cdcfinner@aol.com

(To be used for future annual report notification)

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. I further certify, 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]* Craig D Finney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-17-10

Daytime Phone #

904

7161094

6/22  
aw