

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

REMOVED
AND
FILED

98 NOV 23 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006136

1. Corporation Name

ACT II COUNSELING SERVICES INC.

Principal Place of Business

Mailing Address

50-D NE 49TH ST
OCALA FL 34479

50-D NE 49TH ST
OCALA FL 34479

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

11/20/1997

5. FEI Number

52-1917107

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCD	ODEN, PRICE	50-D N.E. 49TH STREET	OCALA FL
VD	BAGSTER-COLLINS, RICHARD	107 TAMARISK COURT	GREENBELT MD
SD	LUND, DONNA	14950 BELLE AMI DRIVE	LAUREL MD

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ODEN, PRICE
50-D N.E. 49TH STREET
OCALA FL 34479

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/18/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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)(l), 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]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/98
CHARLES R PATTERSON 352369-1072

Daytime Phone #

CR2E040 (9/98)

ACT II COUNSELING SERVICES INC.
50 D N.E. 49th STREET
OCALA, FL.
34479

November 18, 1998

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Act II Counseling Services
Document # F97000006136

To whom it may concern,

As the receiver empowered to execute this application I am informing you that Act II has never received an annual report form from your office. We also never received a second notice informing us of the possible dissolution of the corporation.

This letter is in response to a phone call to your office where I was informed that this information and \$150 would resolve this action. Please send me information on the specifics of filing a corporate annual report.

I appreciate your cooperation in view of the fact that we are new and would like to continue our business venture in Florida.

Charles Patterson B.A.

A handwritten signature in dark ink, appearing to read 'Charles Patterson', with a stylized flourish at the end.