

To: FL Dept. of State
Subject: 000173.48620

From: Katie Wonsch

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SECRET
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000002300

1. Corporation Name

American Corrective Counseling Services, Inc.
180 Avenida La Pata
San Clemente, CA 92673

2. Principal Office Address

180 Avenida La Pata

Suite, Apt. #, etc.

City & State

San Clemente, CA

Zip

92673

Country

USA

3. Mailing Office Address

180 Avenida La Pata

Suite, Apt. #, etc.

City & State

San Clemente, CA

Zip

92673

Country

USA

REINSTATEMENT 05-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/4/1999

5. FEI Number

33-0656885

Applic 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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

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 by:

NRAI Services, Inc.

REGISTERED AGENT MUST SIGN

Paul J. Hagan,
Assistant Secretary Date 11/ /2005

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+CEO	Michael Schreck	180 Avenida La Pata	San Clemente, CA 92673
D+CFO +SEC	Zanley Galton III	180 Avenida La Pata	San Clemente, CA 92673
EVP	Brett Stohlton	180 Avenida La Pata	San Clemente, CA 92673
Chair.	Russ Schreck	180 Avenida La Pata	San Clemente, CA 92673
D	Peter Rothchild	180 Avenida La Pata	San Clemente, CA 92673
D	Steve Hartman	180 Avenida La Pata	San Clemente, CA 92673

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:

Zanley Galton, III

11/ /2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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AMERICAN CORRECTIVE
COUNSELING SERVICES, INC.

180 Avenida La Pata
Suite 200
San Clemente, CA 92673

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Sir/Madam:

We did not receive our Annual Report and request a waiver of the penalty.

Thank you,



Zanley Galton, III
Secretary

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

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CORPORATION REINSTATEMENT

AMERICAN CORRECTIVE COUNSELING SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	5900.00

\$ 300.00

* See attached
Waiver letter *

Electronic Filing Menu

Corporate Filing Menu

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