

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 15 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1 Corporation Name

*Psychological & Counseling  
Consultants Inc*

Principal Place of Business

Mailing Address

*4435 Broad Street  
Marianna Florida  
32447*

*711 Kenilworth Rd  
Tallahassee FL  
32312*

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

*4435 Broad Street*

*711 Kenilworth Rd*

*1-17-84*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

*59-2736-751*

Not Applicable

Zip

Country

Zip

Country

*32447*

*FLORIDA*

*32312*

*FLORIDA*

CERTIFICATE OF STATUS DESIRED ☒

SEE THE REVERSE SIDE FOR INSTRUCTIONS

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
Pres	<i>Lance D Scalf</i>	<i>711 Kenilworth Road</i>	<i>Tallahassee FL 32312</i>
V.Pres	<i>Heidi C. Scalf</i>	<i>11</i>	<i>11</i>
Sec	<i>Heidi C. Scalf</i>	<i>11</i>	<i>11</i>
Tres.	<i>Lance D Scalf</i>	<i>11</i>	<i>11</i>

000002089360-5  
-11/20/96--01025-018  
\*\*\*383.75 \*\*\*383.75

*JB11-15-96*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*Dr. Lance D. Scalf  
711 Kenilworth Road  
Tallahassee FL 32312*

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
*FL*

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

*Lance D. Scalf*

Date *15 Nov 1996*

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

*Lance D. Scalf*

*15 Nov 1996*

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR