

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR REINSTATEMENT**



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

APPROVED  
AND  
FILED

1997 NOV 24 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #L08486**

1. Corporation Name

**ASSOCIATES FOR COUNSELING SERVICES, P.A.**

Principal Place of Business

**217 North 14th Street  
Leesburg, Florida 34748**

Mailing Address

**same address as  
principal place  
of business**

**200002361362-1  
-12/02/97-01092-022  
\*\*\*1080.00 \*\*\*1080.00**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**August 9, 1989**

5. FEI Number

**592966280**

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip         |
|---------------|---|--|---------------------------------|
| <b>Pres.</b>  | <b>Richard H. McCollum</b>                | <b>1318 Spring Lake Road</b>   | <b>Fruitland Park, FL 34731</b> |
|               |   |  |                                 |
|               |   |  |                                 |
|               |   |  |                                 |
|               |   |  |                                 |
|               |   |  |                                 |
|               |   |  |                                 |

**REINSTATEMENT**

95-976  
11/24/97

8. Name and Address of Current Registered Agent

**Scott Porter  
1035-A W. Dixie Ave  
Leesburg FL 34748**

9. Name and Address of New Registered Agent

Name **Gary L. Summers**  
Street Address (P.O. Box Number is Not Acceptable)  
**380 West Alfred Street**  
Suite, Apt. #, Etc. **n/a**  
City **Tavares** State **FL** Zip Code **32778**

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 **Gary L. Summers**  
REGISTERED AGENT MUST SIGN

Date **11/19/97**

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 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:

**Richard H. McCollum** **Richard H. McCollum** 11/19/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**782365-1098**

CP2E040 (12/96)