

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# L15457

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

**Entity Name:** ALACHUA ADULT, CHILD AND FAMILY GUIDANCE CENTER, INC.

**Current Principal Place of Business:**

4723 B NW 53 AVE  
GAINESVILLE, FL 32653 US

**New Principal Place of Business:**

4140 NW 27TH LANE  
B  
GAINESVILLE, FL 32606 US

**Current Mailing Address:**

4723 B NW 53 AVE  
GAINESVILLE, FL 32653 US

**New Mailing Address:**

4140 NW 27TH LANE  
B  
GAINESVILLE, FL 32606 US

**FEI Number:** 59-2967570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARMSTRONG, SUSAN PHD  
4723 B NW 53 AVE  
GAINESVILLE, FL 32653 US

**Name and Address of New Registered Agent:**

ARMSTRONG, SUSAN PHD  
4140 NW 27TH LANE  
B  
GAINESVILLE, FL 32606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SUSAN ARMSTRONG PHD

01/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSVS  
Name: ARMSTRONG, SUSAN  
Address: 4140 NW 27TH LANE SUITE B  
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN ARMSTRONG PHD

PRES

01/15/2012

Electronic Signature of Signing Officer or Director

Date