PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W04000026029

FILED
04 AUG 29 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000556

1. Corporation Name
Atlantic Counseling Associates, INC

300039914003
08/05/04--01063--008 **420.00

REINSTATEMENT 01-04

2. Principal Office Address	**3.** Mailing Office Address
5525 N. Courtenay Pkwy	Same
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.:
City & State: Merritt Island, FL	City & State:
Zip: 32953 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1-24-00

5. FEI Number: 59-3621949 ☐ Applied 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: Patricia L Holmes

Street Address (P.O. Box Number is Not Acceptable): 1002 Harbor Pines Drive

Suite, Apt. #, Etc.:

City: Merritt Island State: FL Zip Code: 32952

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: Patricia L Holmes Date: 7-21-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres.	Dr. Patricia L Holmes	1002 Harbor Pines Dr	Merritt Island FL 32953
VP	Debra Onkst	9861 Haven Wood Ct	Jacksonville, FL 32257
Sec.	Frank Balistreri	202 Matthews Circle	Titusville, FL 32780
Treas	Josh Fagan	2449 Mesquite Dr	Denton, TX 76201
Dir	Cyrillo Vergara	561 Fly Drive Park	Rockledge FL 32955
Dir	Susan Jennings	215 Villa Del Mar Way	Satellite Beach FL 32937
Dir	D Sotella Smith	901 Brittany Street	Denton TX 76207

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: Patricia L Holmes 7-21-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Atlantic Counseling Associates, Inc.

5525 N. Courtenay Parkway
Merritt Island, FL 32953
www.AtlanticCounseling.com

Phone: 321.454.4501
Fax: 321.454.4562
DrPLHolmes@aol.com

BOARD of DIRECTORS

Dr. Patricia L. Holmes 1002 Harbor Pines Drive Merritt Island, Fl 32952	President
Debra Onkst 9861 Haven Wood Court Jacksonville, Fl 32257	Vice President
Frank Balistreri 202 Mathews Circle Titusville, Fl 32780	Secretary
Josh Fagan 2449 Mesquite Drive Denton, Texas 76201	Treasurer
Cyrillo Vergara 561 Fly Drive Park Rockledge, Fl 32955	
Susan Jennings 215 Villa Del Mar Way Satellite Beach, Fl 32937	
B. Sotella Smith 901 Brittany Street Denton, Texas 76209	