

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 23 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06

CR2E081 (12/05)

DOCUMENT # N00000005297

1. Corporation Name

International Academy of Cultural-Free
Counseling and Psychotherapy, Inc

2. Principal Office Address

2457 Southern Links Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

2457 Southern Links Dr.

Suite, Apt. #, etc.

City & State

Orange Park, Florida

Zip
32003

Country

U.S.

City & State

Orange Park, Florida

Zip

32003

Country

U.S.

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

08/14/2000

5. FEI Number

593676275

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

William Jones "Pike"

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

2457 Southern Links Drive

Suite, Apt. #, Etc.

City

Orange Park, Florida

State

FL

Zip Code

32003

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

William Jones

REGISTERED AGENT MUST SIGN

Date October 21, 2006

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
P	Edna Richardson	6803 Medallion Court	JACKSONVILLE, FLA 32210
VP	Paul Fanning, PhD	10712 W. Negate Rd	JACKSONVILLE, FLA
D	Karen S. Coffee	8076 Sargee Trail	JACKSONVILLE, FLA. 32244
C	William Jones	2457 Southern Links Dr	ORANGE PARK, FL 32003
			800081108378 10/23/06-01019-013 **\$67.50

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 contained in Chapter 119, 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:

William Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 21, 2006

Date

Daytime Phone #

William Jones

1027
ad