

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR -6 PM 3:28

DOCUMENT # *NO1000008307*

1. Corporation Name *Gen Counseling Center Inc*

*02-03 UBR*

2. Principal Office Address:  
*615 West Church St*  
Suite, Apt. #, etc.

3. Mailing Office Address  
*P.O. Box 2566*  
Suite, Apt. #, etc.

*200014413592*  
*03/20/03--01056--030 \*\*183.75 \$*  
*5/29/02 93017-001-210*

City & State  
*Orlando + FL*  
Zip  
*32805*  
Country  
*United States*

City & State  
*Orlando, FL*  
Zip  
*32802*  
Country  
*United States*

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number  Applied For  Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  **\$375 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name  
*Georgia Darden*  
Street Address (P.O. Box Number is Not Acceptable)  
*5420 KAREN COURT*  
Suite, Apt. #, Etc.  
City  
*Orlando FL*

State  
**FL**  
Zip Code  
*32818*

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 *[Signature]*  
REGISTERED AGENT MUST SIGN

Date

**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
<i>D</i>	<i>Darden, G.M.</i>	<i>5420 KAREN Ct</i>	<i>Orlando FL 32818</i>
<i>D</i>	<i>Byrd-Burks, KAREN</i>	<i>7238 P. N. DR</i>	<i>Orlando FL 32818</i>
<i>T</i>	<i>Rouse Dupree, Vernon</i>	<i>3244 Wolcott place</i>	<i>Orlando FL 32805</i>
<i>T</i>	<i>Hamilton, Rusehlyn</i>	<i>4832 Figwood Lane</i>	<i>Orlando FL 32808</i>

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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Basir Villages Suma Service Complex  
Gen Counseling letter.

The cooperation that was received a rejection letter from ~~my~~ <sup>your</sup> office, ~~the~~ upon receipt of the second notice we call the Department of Cooperation office, the person I spoke to was very rude and not helpful, therefore we did not know what to do; we are requesting that you all waive the Penalties fees in this matter.

Kar Per Senta