

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

~~Katherine Harris~~

Secretary of State

DIVISION OF CORPORATIONS

~~FILED~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1787

1. Corporation Name

Marriage & Family Counseling of Pinellas, Inc.
(DBA Marriage & Family Center)

2. Principal Office Address

6798 Crosswinds Drive No.

Suite, Apt. #, etc.

Suite B-102

City & State

St. Petersburg, FL

Zip

33713

Country

Pinellas

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

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

03/06/1984

5. FEI Number

59-2649485

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

Robert Glenn, Ph.D.

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

6798 Crosswinds Drive, North, Suite

Suite, Apt. #, Etc.

Suite B-102

City

St. Petersburg, FL

State

FL

Zip Code

33710

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

Robert Glenn

Date March 7, 2000

REGISTERED AGENT MUST SIGN

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
Chair	Jeff Koch	1429 Sandlewood Drive	Dunedin, FL 34698
Sec.	Carol Jones	2314 Woodlawn Circle West	St. Petersburg, FL 33712
Director	Jamie Bierchen	1495 Premier Village Way	Clearwater, FL 33764
Director	Jounell Britt	701 94th Avenue North	St. Petersburg, FL 33702
Director	Gary Carnes	801 6th Street South	St. Petersburg, FL 33701
Director	Malinda Ottinger	8600 Gulf Boulevard	St. Pete Beach, FL 33706

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.

Jeffrey Koch Jeffrey Koch, Board Chair March 23, 2000 (727)585-3111

SIGNATURE: *Robert Glenn* Robert Glenn, Ph.D. Executive Director 3/7/00 (727)381-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #