

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -5 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO3000009070

1. Corporation Name

Brock's Career Counseling Inc.

W06-51908

500082109295
01/12/07--01004--015 **61.25

CR2E081 (12/05)

2. Principal Office Address

39 Lovett St.

Suite, Apt. #, etc.

3. Mailing Office Address

626 Segovia rd.

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

City & State

St. Augustine, Florida

Zip
32084

Country
St. Johns

Zip
32086

Country
St. Johns

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/03

5. FEI Number

NO3000009070

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

Bonnie Brock

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

626 Segovia Rd.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

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

Bonnie Brock

Date

11/13/06

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
President D	Bonnie Brock	626 Segovia Rd.	St. Augustine, Fla 32086
Treasurer	Natalie Beltrami	Vail Point Road	St. Augustine, Fla 32086
Vice President D	Maurice W. Murray III	9 1st st.	Gainesville , Fla.
secretary D	Ann Mayo	1 Dondanville Rd.	St. Augustine, Fla. 32086
D	Lisa Hellier	3331 Carlsbad Trail	JAX, FLA 32223

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:

Bonnie Brock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/06 904-347-3092

Daytime Phone #

2 01/09