

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -5 PM 12:03

DOCUMENT # N03000009312

1. Corporation Name
INNER CIRCLE COUNSEL ENTERPRISE, INC.

BH/6/08

REINSTATEMENT

2. Principal Office Address - No P.O. Box #
1500 N.W. 12th Avenue

Suite, Apt. #, etc.
Suite 1723

City & State

Miami, FL

Zip

33136

Country

USA

3. Mailing Office Address
1500 N.W. 12th Avenue

Suite, Apt. #, etc.

Suite 1723

City & State

Miami, FL

Zip

33136

Country

USA

300137668423
11/05/08--01024--014 **245.00
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 10-21-2003

5. FEEL Number

20-0353038

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name
Jasper P. Lewis, Jr., BSW/MS

Street Address (P.O. Box Number is Not Acceptable)
1500 N.W. 12th Avenue

Suite, Apt. #, Etc.
Suite 1723

City
Miami

State
FL

Zip Code
33136-1028

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

REGISTERED AGENT MUST SIGN

Date 10-27-2008

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
COB/O P/D	Dr. Clyde Pettaway Deborah R. Outing, BS	1500 N.W. 12th Avenue Suite 1723	Miami, FL 33136
VP/D	DR NORVAL RUFF	" " " "	" " "
VP/T	Lowanda Hilbert Williams	" " " "	" " "
VP/S	Jasper P. Lewis Jr.	" " " "	" " "
VP/D	JAMES COOK	" " " "	" " "
VP/D	Theresa Smiley, MSW	" " " "	" " "
VP/D	Alton Sears, MSW	" " " "	" " "
VP/D	Betty J. Abraham / CM	" " " "	" " "

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: *Deborah R. Outing* Deborah R. Outing P/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/2008
Date

(305) 335-1946
Daytime Phone #