

**2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000001715

**FILED  
May 05, 2011  
Secretary of State**

**Entity Name:** SHINING ROCK COUNSELING CENTER, INC.

**Current Principal Place of Business:**

237 E. PARK AVE.  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

237 E. PARK AVE.  
LAKE WALES, FL 33853

**New Mailing Address:**

**FEI Number:** 20-2383515      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SORENSEN, PAUL  
237 E. PARK AVE.  
LAKE WALES, FL 33853      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAUL W SORENSEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** SORENSEN, PAUL  
**Address:** 237 E. PARK AVE.  
**City-St-Zip:** LAKE WALES, FL 33853

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL W SORENSEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

05/05/2011

\_\_\_\_\_  
Date