PLEASE REA	D ALL INS	TRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
APPLICATION FOR	ICATION FLORIDA DEPA Sandra		DEPARTMENT OF STATE ndra B. Mortham ecretary of State		FILED		
REINSTATEMENT	DIVISION OF CORPORATIONS			58 DEC 18 PH 12: 46			
DOCUMENT # N9500003439 , -				SECRETARY OF STATE TALLARY SSEE, FLORIDA			
POINT OF LIGHT COUNSELING SERVICES, INC.				   	TALLAN ASSECT LA	7, 100.	
Principal Place of Business	ess		r renytier ni	er (biel Die) millt Dârre oddie âster âbide reer s	*: <b>FEC</b> 10:10 10:1: 10:1:		
830 N L STREET LÅKE WORTH FL 33460 US	PALM BEACH BLVD  M BEACH FL 33411	BEACH FL 33411					
If above addresses are incorrect in any way, line through in  2. New Principal Office Address, If Applicable 3. N		New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida		
Suite, Apt. #, etc.	e, Apt. #, etc. Suite, Apt. :		, etc.		07/20/1995 5. FEI Number Applied For		
City & State	& State City & State				65-0592908 Not Applicable		
Zip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers  Street Address of Each							
Title(s) and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box Num		ımbers)	cers) 4 City / State / Zip		
PTD MOREL, EMMANUEL G		120 HEATHERWOOD DRIVE			ROYAL PALM BEACH FL 33411		
SD PROPHETE, ROSALEE		8740 SHERMAN CIRCLE NO #205			MIRAMAR FL 33025		
D WEBSTER, CLAUDETTE		18601 NW 8TH ROAD			MIAMI FL 33169		
				0000027194901			
REINSTATEMENT 15.00 *****175.00							
				5 1.7-12/22/9801076054 *****\$1.25 *****61.25			
8. Name and Address of Current Registered Agent Name				9. Name and A	Address of New Registered Agent		
PADRO-MOREL, THERESA			Street Address (P.O. Box Number is Not Acceptable)				
120 HEATHERWOOD DRIVE ROYAL PALM BEACH FL 33411	Sulte, Apt. #, Etc.						
		City		State   Zip Code   FL			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)							
12. 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 filling 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 flames 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION AND TYPED OR DESCRIPTION A							