PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

N98000002997 DOCUMENT #

1. Corporation Name

BEEN THERE-DONE THAT COUNSELING, INC.

FILED

99 DEC 30 PM 2: 25

SECRETARY OF STATE TAECAHASSEE, FLORIDA

Principal Place of Business			Mailing Address						
5 SOUTH IVEY LANE			5 SOUTH IVEY LANE						
ORLANDO FL 32811			ORLANDO FL 32811			1 (00)((0) 0()	# 16461 19111 60111 00111 90111 90	150 00 510 15050 50510 1016 1001 1001	
r						ľ			
If above a	ddresses are	incorrect in any way, line th	rough incorrect in	nformation and ent	ter correction below.				
				Mailing Office Address, If Applicable		Date incorporated or Qualified To Do Business in Florida			
			Suite, Apt. #, etc.			- 15 Do Business in Florida 05/21/1998			
Suite, Apt. #, etc.			Oute, Apr. #1 etc.			5. FEI Number Applied For			
City & State			City & State			59-3534609 Not Applicable			
Zìp		Country	Zip	Cou	ıntry	6. CERTIFICATI	E OF STATUS DESIRED I		
						<u> </u>			
7. Names a	and Street Ad	dresses of Each Officer and	l/or Director (Flo	, , , , , , , , , , , , , , , , , , , 					
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Eac Officer and/or Directo		City / State / Zip · · ·		
PD	BURNETT, JOHN C			5 SOUTH IVEY LANE			ORLANDO FL 32811		
SD	JONES, BETTY			1146 GRAHAM AVENUE			HOLLYHILL FL 32127		
TD	BENNET, RODIN			4519 ARCH STREET HARVE BLD.			ORLANDO FE 32800 ORLANDO,	EL, 32808	
· D	HILL LATAVA			4900 LENOX 5029	MILL STre	AM ROAL	ACLANDO-EI- 1001	FL. 32818	
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	 	 					-01/05/00-	81990 -01007007	
				ļ			*****61.2	5 *****61.25	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
					Name	<u> </u>			
BURNETT, JOHN C					Street Address (P.O. Box Number is Not Acceptable)				
5 SOUTH IVEY LANE									
ORLANDO FL 32811					Suite, Apt. #, Etc.			•	
					City			State Zip Code	
10. I, being	appointed th	e registered agent of the at	ove named corp			obligations of Sect	ion 607.0505, F.S.	,	
Signature o Registered	of Agent	SIGNA			UIRED		Date		
		R	EGISTERED AG	ENT MUST SIGN					
11 Logdify	that I am an	officer or director or the rece	oiver or trustee e	mnowered to exec	ute this application as	provided for in cha	anter 607 or 617, F.S. I fi	urther 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.