

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 27 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000023429**

1. Corporation Name
Accurate Communication - Counseling Svcs, Inc

2. Principal Office Address

5154 Okeechobee Blvd

Suite, Apt. #, etc.

111

City & State

West Palm Beach, FL

Zip

33417

Country

USA

3. Mailing Office Address

5154 Okeechobee Blvd

Suite, Apt. #, etc.

111

City & State

West Palm Beach

Zip

33417

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/29/00

5. FEI Number

65-0983757

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

Nicole BoursiQuot

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

5154 Okeechobee Blvd

Suite, Apt. #, Etc.

111

City

West Palm Beach

State

FL

Zip Code

33417

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

Nicole BoursiQuot

REGISTERED AGENT MUST SIGN

Date

5/19/07

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	Patrick BoursiQuot	5154 Okeechobee Blvd #111	West Palm Beach, FL 33417
V-Pres	Nicole BoursiQuot	5154 Okeechobee Blvd #111	West Palm Beach, FL 33417

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 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:

Nicole BoursiQuot

Nicole BoursiQuot

Date

5/19/07 (561) 689-8804

Daytime Phone #

CR2E081 (10/02)

5/25