

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000033995**

1. Corporation Name

COUNSELING & REHABILITATION ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5024 NW 27TH CT.
GAINESVILLE FL 32606

P.O. BOX 90308
GAINESVILLE FL 32607



REINSTATEMENT 07

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/30/2000	
City & State		City & State		5. FEI Number	
Zip		Country		59-3649670	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP	HOSFORD, ROBERT P	PO BOX 90308	GAINESVILLE FL 32607
P	LOVETT, PAULA S	PO BOX 90308	GAINESVILLE FL 32607

100023915211
10/17/03--01091--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOSFORD, ROBERT P
5024 NW 27TH CT.
GAINESVILLE FL 32606

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, 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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10.15.03.

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.15.03 (352)378.2696

CR2E040 (7/03)

COUNSELING & REHABILITATION ASSOCIATES, INC.

Counseling: (352) 378-2600

Fax: (352) 378-1828

October 14, 2003

TO: Department of State

FROM: Counseling and Rehabilitation Associates, Inc.

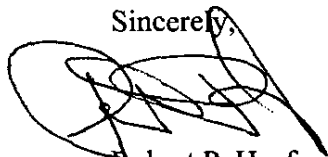
TOPIC: Annual Filing Fee

Dear Sir or Madam:

I have never received the corporation's annual report file. This is the first report I have received. Please forgive any penalties associated with receiving this payment late. I have enclosed \$150.00, which is the original amount due.

Thank you for your assistance in this matter.

Sincerely,



Robert P. Hosford, Ph.D.
Vice President