PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0200000320

1. Corporation Name

UNIVERSAL COUNSELING GROUP INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED

03 OCT 27 AM 9:08

SECRETARY OF STATE TALLAMASSEE, FLORIDA

| 100 EAST LINTON BLVD SUITE 156A DELRAY BEACH FL 33483 | | 100 EAST LINTON BLVD SUITE 156A DELRAY BEACH FL 33483 | | | | | | | |
|--|---|---|------------------------------------|--|---|----------------|------------------|---|--|
| If above addresses are | incorrect in any way, line thr | nformation and enter correction below. | | REINSTATEMENT_03 | | | | | |
| 2. New Principal Office | New Mailing Office Address, If Applicable | | | Date Incorporated or Qualified To Do Business in Florida | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 01/02/2002 5. FEI Number Applied For | | | | | |
| City & State | City & State | | | 41-ZOZ7977 Not Applicable | | | | | |
| Zip | Country | Zip | Cou | intry | -6. CERTIFICATE | OF STATUS DESI | \$8.75 Ac | dditional Fee required Certificate of Status | |
| 7. Names and Street Ad | dresses of Each Officer and/ | or Director (Flo | rida nonprofit corp | orations must list at lea | st 3 directors) | | | | |
| Title(s) Name of Officers and/or Directors | | | Street Addre Officer and | | | | City / State / 2 | City / State / Zip | |
| Ms. Lindo | A. Losi R | 463(| Carthage Cu | iecter Lake Worth FL 3346= | | | | | |
| Ms. Linda A. Losi R.N. LCSW 4631 Carthage Ciecle No. Lake Worth FL 33463 Vice President/Registered Agent Ms. Kathleen A Rancourt, RM, 4631 Carthage Ciecle No. Lake North FL 33463 | | | | | | | | | |
| | | 7.7.7 | | ····y(| -Cit 1 50: | | | 30100 | |
| | | | | | 0000237665502********************************** | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 8. Nam | nt | 9. Name and Address of New Registered Agent | | | | | | | |
| 815 WEST SOVE APT 12:204 | | Street Address (P 4631 Ca Suite, Apt. #, Etc. | P.O. Box Number is Not Acceptable) | | | | | | |
| BOYNTON BEACH | | Lake Worth State Zip Code FL 33463 | | | | 5963 | | | |
| 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 Agent Agent Must SIGN Date 10 9 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 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 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.

State of Florida Bepartment of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

Corporation Name: UNIVERSAL COUNSELING GROUP INC.

Document Number: P0200000320

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the 19th day of September, 2003.

THE STORY OF THE S

Teada E. Nood

Glenda F. Hood Secretary of State



Linda Losi, R.N., L.C.S.W. 100 East Linton Blvd. Suite 156A Delray Beach, FL 33483

561.272.6405

October 9, 2003

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

Dear-Sir-or-Madame: ----

Enclosed you will find the completed reinstatement and the annual fee associated with filing the UBR. Please note that this company <u>did not</u> receive any notices prior to the enclosed notice of dissolution. We request, therefore; that your office waive the reinstatement fee.

The Registered Agent has changed as of 10/01/03 and the updated information is included in the reinstatement packet. Thank you for your understanding and prompt attention to this matter.

Yours truly,

Kathleen A. Rancourt Registered Agent

Encl