PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 30 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/30/10--01028--016 **600.00

DOCUMENT # P02000077894

1. Corporation Name

Crabel Inc. D/B/A Coral Gables Counseling Center

REINSTATEMENT 02-10

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
717 Ponce de Leon Blvd.		717 Ponce de Leon Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 202		Suite 202	
City & State		City & State	
Coral Gables, FL		Coral Gables, FL	
Zip	Country	Zip	Country
33134	USA	33134	USA

4. Date Incorporated or Qualified To Do Business in Florida 07/18/2002

5. FEI Number 20-0000969 ☐ 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: Cristina Fernandez-Parjus

Street Address (P.O. Box Number is Not Acceptable): 717 Ponce de Leon Blvd.

Suite, Apt. #, Etc: Suite 201

City: Coral Gables | State: FL | Zip Code: 33134

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date 03/17/2010
REGISTERED AGENT MUST SIGN

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
PSTD	Lucia Fernandez	414 Barbarossa Avenue	Coral Gables, FL 33146

03/31

10. **E-mail Address:** cristinacounsel@gmail.com
(To be used for future annual report notification)

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. I further certify 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: _____ Lucia Fernandez 03/17/2010 305-445-0477 x25
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #