

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P02000099805

1. Corporation Name

STEVE GODFREY, LMHC, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 23 PM 1:39

Principal Place of Business

3880 SOUTH WASHINGTON AVE STE 242/241  
TITUSVILLE FL 32780

Mailing Address

3880 SOUTH WASHINGTON AVE STE 242/241  
TITUSVILLE FL 32780



REINSTATEMENT

03

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

09/16/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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
D	GODFREY, STEVE	3880 SOUTH WASHINGTON AVE STE 24 Suite 241-242	TITUSVILLE FL 32780

400024054924

10/23/03--01078--015 \*\*158.75

8. Name and Address of Current Registered Agent

FLORIDA INCORPORATION STATION, LLC  
420 PARK AVE 19  
TALLAHASSEE FL 32301

(same)

9. Name and Address of New Registered Agent

Name Stephen Godfrey  
Street Address (P.O. Box Number is Not Acceptable)  
3880 S. Washington Ave  
Suite, Apt. #, Etc. Suite 241-242  
City Titusville State Fla Zip Code 32780

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

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 #

CR2E040 (7/03)

2/2

# Stephen Godfrey, MA, LMHC

3880 South Washington Ave

Suite 241-240

Titusville, Florida 32780

(321) 267-7773

(321) 267-7535

October 20, 2003

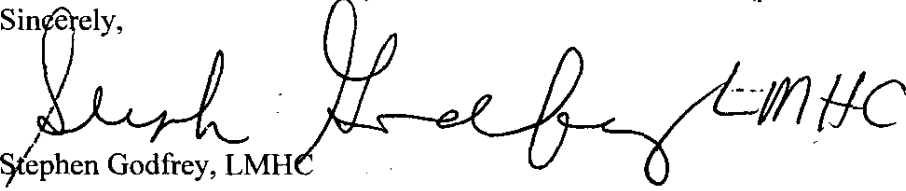
Re: Application for Reinstatement

To Whom It May Concern:

Please note that my office never received the Uniform Business reports this year. Therefore, this created a delay in submitting the fee's and application that was due by May 1<sup>st</sup> 2003. We apologize for any inconvenience this may have caused. I have enclosed a check for \$150.00 along with the completed application.

If you have any further questions please contact my office at 321-267-7773.

Sincerely,

  
Stephen Godfrey, LMHC

\$ 150.00  
Renewal Fee  
\$ 8.75 new  
one Certif.