

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 AUG -4 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000058317

1. Corporation Name

**PROVIDING GUIDANCE, INC**

W07-39523

2. Principal Office Address - No P.O. Box #

3760 BECON TREE PLACE

3. Mailing Office Address

PO BOX 678730

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIDEO, FL

City & State

ORLANDO, FL

Zip  
32765

Country

Zip  
32867-8730

Country

ORANGE

**REINSTATEMENT 05-08**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/2004

5. FEI Number

43-2048224

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

**SHECARA FORBES**

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

3760 BECON TREE PL

Suite, Apt. #, Etc.

City

OVIDEO

State

FL

Zip Code

32765

☒ 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

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
PRESIDENT	SHECARA FORBES	3760 BECON TREE PL	OVIDEO, FL 32765
<del>MANAGER</del>	<del>MICHAEL HOWARD</del>	<del>3760 BECON TREE PL</del>	<del>OVIDEO, FL 32765</del>

700107968147  
08/13/07--01045--005 \*\*300.00

700107968147  
08/04/08--01049--009 \*\*308.75

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 contained in Chapter 119, 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:

*Shecara Forbes* *SA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/1/08

Daytime Phone #

321-278-4639

*M. 8/5*