

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000108859 1. Entity Name RM COUNSELING SERVICES, INC.				FILED 07 MAY 24 AM 10: 36 STATE OF FLORIDA TALLAHASSEE, FLORIDA	
Principal Place of Business 4801 S. UNIVERSITY DRIVE SUITE 206 DAVIE, FL 33328 US		Mailing Address 1920 SABAL PALM DRIVE # 206 DAVIE, FL 33324 US			
2. Principal Place of Business - No P.O. Box # 4801 S. UNIVERSITY DR SUITE 206 DAVIE, FL		3. Mailing Address 3810 MURRELL ROAD SUITE 148 ROCKLEDGE, FL		 REINSTATEMENT 06-07	
City & State DAVIE, FL		City & State ROCKLEDGE, FL		4. FEI Number 20-1045159	
Zip FL 33328		Zip 32955		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REMENSERGER, MARIA 1920 SABAL PALM DRIVE #404 DAVIE, FL 33324			7. Name and Address of New Registered Agent Name REMENSERGER MARIA Street Address (P.O. Box Number is Not Acceptable) 1920 SABAL PALM DR # 404 City DAVIE FL Zip Code 33324		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. MARIA REMENSERGER SIGNATURE DATE 05/02/07 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REMENSERGER, MARIA 1920 SABAL PALM DRIVE, #404 DAVIE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400104100964 06/08/07--01004--004 **308.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: MARIA REMENSERGER DATE 05/02/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					