## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000133196

FILED Jan 14, 2008 Secretary of State

Entity Name: PEACOCK INDUSTRIES - COUNSELING & RESEARCH SERVICES INC

**Current Principal Place of Business: New Principal Place of Business:** 

6289 W. SUNRISE BLVD 1876 N. UNIVERSITY DRIVE

SUITE 120 SUITE 200P

SUNRISE, FL 33313 PLANTATION, FL 33322

**New Mailing Address: Current Mailing Address:** 

6289 W. SUNRISE BLVD 1876 N. UNIVERSITY DRIVE SUITE 200P SUITE 120

SUNRISE, FL 33313 US PLANTATION, FL 33322 US

FEI Number: 27-0104313 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREEN, FAITH M DR GREEN, FAITH M DR 1876 N. UNIVERSITY DRIVE 6289 W. SUNRISE BLVD SUITE 200P SUITE 120

SUNRISE, FL 33313 US PLANTATION, FL 33322 US

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.

SIGNATURE: FAITH MONICA GREEN 01/14/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PCFO** () Delete Title: PCFO (X) Change ( ) Addition

GREEN, FAITH M DR Name: Name: GREEN, FAITH M DR 6289 W. SUNRISE BLVD, SUITE 120 Address: 1876 N.UNIVERSITY DRIVE Address:

City-St-Zip: SUNRISE, FL 33313 US City-St-Zip: PLANTATION, FL 33322 US

( ) Delete Title: Title: (X) Change ( ) Addition GREEN, NORTON GREEN, NORTON Name:

Name:

6289 W. SUNRISE BLVD, SUITE 120 Address: 1876 N.UNIVERSITY DRIVE Address: City-St-Zip: SUNRISE, FL 33313 US PLANTATION, FL 33322 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAITH MONICA GREEN **PCEO** 01/14/2008