




FILED

14 APR 17 PM 3:46  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P12000038395					
1. Corporation Name <b>Life Counseling Outpatient Services, Inc.</b>					
2. Principal Office Address - No P.O. box # <b>2260 Palm Beach Lakes Boulevard</b>			3. Mailing Office Address		
State, Apt. #, etc. <b>Suite 212</b>			City & State		
City & State <b>West Palm Beach, Florida</b>		Zip <b>33409</b>		Country <b>USA</b>	
4. Date incorporated or qualified to do business in Florida <b>04/24/2012</b>					
5. FEI Number					
6. CERTIFICATE OF STATUS DESIRED <b>\$3.75</b> Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
<b>REINSTATEMENT</b>					
<b>APR '17 2014</b>					
<b>R HUNT</b>					
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 <b>04/17/2014</b>	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/D	David Gness	73 Plank Avenue		Paoli, Pennsylvania 19301	
D	Dr. Thomas A. Whitman	73 Plank Avenue		Paoli, Pennsylvania 19301	
D	David P. Crosland	73 Plank Avenue		Paoli, Pennsylvania 19301	
D	Steven P. McGrath	73 Plank Avenue		Paoli, Pennsylvania 19301	
D	Raymond J. Harbert, Jr.	73 Plank Avenue		Paoli, Pennsylvania 19301	
10. E-mail Address: <b>mchildrens@maynardcooper.com</b> <small>(To be used for future annual report notification)</small>					
11. I certify that I am an officer or director or its 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.153, F.S.					
SIGNATURE:  <b>David Gness, President</b> <b>Apr 18 6106946969</b>					

•Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
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CORPORATION REINSTATEMENT  
LIFE COUNSELING OUTPATIENT SERVICES INC.

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