

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 APR -4 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P93000006734

**1. Corporation Name**

Associates for Counseling and Psychotherapy, Inc

**2. Principal Office Address**

2801 SW College Road

**3. Mailing Office Address**

2801 SW College Road

Suite, Apt. #, etc.

Suite 21

Suite, Apt. #, etc.

Suite 21

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34474

Country

Zip

34474

Country

900051204999  
04/19/05--01044--015 \*\*1650.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/21/1993

**5. FEI Number**

59-3618810

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

Carolyn H West

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

300 SW 36th Place

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

**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

*Carolyn H West*

Date

1/26/05

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
P.D.T.S.	Carolyn H West	300 SW 36th Place	Ocala, FL 34474

**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 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:**

*Carolyn H West*

PRESIDENT

1/26/05

(352) 732-3771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)