

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000035414 (9)

1. Corporation Name  
Claudia C. Segers LCSW, INC.

2. Principal Office Address  
9471 Baymeadows Rd.

Suite, Apt. #, etc.  
404

City & State  
Jacksonville, FL

Zip  
32256

Country

3. Mailing Office Address  
9471 Baymeadows Rd.

Suite, Apt. #, etc.  
404

City & State  
Jacksonville, FL

Zip  
32256

Country

**REINSTATEMENT 99-02**

4. Date Incorporated or Qualified  
To Do Business in Florida 05/09/1994

5. FEI Number  
59-3249194

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 Segers, Claudia

Street Address (P.O. Box Number is Not Acceptable)  
1817 Autumnbrook Lane

Suite, Apt. #, Etc.

City Jacksonville

State  
FL

Zip Code  
32259

700005139927--0  
-03/22/02--01002--010  
\*\*\*1200.00 \*\*\*1200.00

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 *Claudia C Segers LCSW Inc*  
REGISTERED AGENT MUST SIGN

Date *3-1-02*

**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
DP	Segers, Claudia C.	1817 Autumnbrook Lane	Jacksonville, FL 32259

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.

*CLAUDIA C Segers LCSW INC*

SIGNATURE: *Claudia C Segers LCSW Inc*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-1-02*

Date

Daytime Phone #

CR2E081 (9/01)