

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 12 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000007980**

1. Corporation Name

Adjustment & Awareness Counseling Service, Inc
N-9466

2. Principal Office Address

301 3rd St N.W.

Suite, Apt. #, etc.

Suite 204a

City & State

Winter Haven, FL

Zip

33882

Country

USA

3. Mailing Office Address

PO Box 453

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33882

Country

REINSTATEMENT 95-00

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

6/23/94

5. FEL Number

59-3252162

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

PAUL SANDMAN

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

301 NW 3rd Street

Suite, Apt. #, Etc.

Suite 204A

City

Winter Haven

State

FL

Zip Code

33882

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

Paul Sandman

Date

7/20/00

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
Pres	PAUL SANDMAN	393 LAKE DAISY DR.	WINTER HAVEN, FL 33884

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:

Paul Sandman

Paul Sandman

President

3/28/2000

863 324 5051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #