

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 OCT 25 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092644

1. Corporation Name

INNERQUEST CREATIVE COUNSELING AND RESOURCE CENT
ER, P.A.

Principal Place of Business

Mailing Address

INNER QUEST
911 E. PARK AVE
TALLAHASSEE FL 32301
US

INNER QUEST
911 E. PARK AVE
TALLAHASSEE FL 32301
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3289390

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip Country

Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SD	NEWCOMB, BONNIE B	2578 CARVASBACK CT.	TALLAHASSEE FL 32312
PD	LOVE, JOANNA T	1302 COVINGTON DR.	TALLAHASSEE FL
VD	ATKINSON, CATHI	C/O 911 E. PARK AVENUE	TALLAHASSEE FL
TD	MAYFIELD, MARY LOIS	1583 LEE AVE.	TALLAHASSEE FL 32303

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

Cathi Atkins & CSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/01

Daytime Phone #

222 0388

EPK2

2002

InnerQuest Creative Counseling and Resource Center, PA
911 East Park Avenue
Tallahassee, Florida 32301

October 23, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

RE: Document#: P94000092644

Dear Sirs;

We are in receipt of your Application for Reinstatement. Upon research with your office, we were informed that a letter dated April 26, 2001 was sent to our offices stating that you were seeking further information regarding our previously filed Annual Report.

We were surprised to learn that we are not in receipt of your letter. However, we have signed line 11 of the Application for Reinstatement and are enclosing a copy of the cancelled check from our bank.

Please provide confirmation that you have reinstated the corporation to the above address.

Thank you for your assistance.

Sincerely,

Cathi Atkinson, LCSW

Ms. Cathi Atkinson, LCSW
Treasurer