	PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLET	ING THIS FOR	RM.	
APF	PLICATION FOR	DEF AT ME and a F M Ser state of VISION OF CORFO	nam du				
DOCUMENT # \$\frac{1}{2}95000002947				98 DEC 10 PM L: 02			
ERNEST D. COOLEY LCSW P.A.				SECHETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address							
		907-SW-18TH AVENUE- BOYNTON-BEACH FL-93435-					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				}			
5167 Finton 15/19 516		5162 Linton	ing Office Address, If Applicable,  Linton Bluck		orated or Qualified less in Florida	01/09/1995	
City & State		Suite, Apt, #, etc.			65-0543216	A	oplied For
Delray Beach, the Delray Beach		Delrini Beach		6		\$8.75 Addition	ot Applicable
334	84 PAIM BEACH		M BeacL ations must list at lea		= ====================================	for a Certific	te of Status
Title(1)	Name of Officers and/or Directors	Str Of 3 (Do NOT Us	eet Address of Each ficer and/or Director e Post Office Box Nu	ımbers)	City	y / State / Zip	
PSTD	COOLEY, ERNEST D	307 SW 13TH A	·· <u>=</u> ··		BOYNTON BEACH FL 33435		
			<del></del> <u>-</u>			- :	
				7000027125676 -12/15/9801033024 ****150.00 ****150.00			
			11				
		15 12	110198	An			
Name and Address of Current Registered Agent     Name      Name      Name					Address of New Registe	ered Agent	
COOLEY, ERNEST D Street Address 307 SW 13TH AVENUE				4 Ernest D. P.b. Box Number is Not Acceptable) South Blad South Blad			
BOYNTON BEACH FL 33435 Suite, Apt. #, Etc							
Delray					h	State Zip Code	84
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 REGISTERED AGENT MOST GIGN  Date 11 23 9							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)							
12. 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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNINS OFFICER OR DIRECTOR Date Daylime Phone #							

## Ernest D. Cooley L.C.S.W. C.A.P.

5162 Linton Blvd. Suite 105 Delray Beach, Florida 33484 (561) 496-0966

To:

Florida Department of State

Division of Corporations

From: Ernest D. Cooley L. C. S. W.

This is to request a one time waiver of the penalty for late payment of corporation fees. My problem is that I am legally blind. Either I did not receive, or could not locate it. The first time I was aware of the problem was when I received the notice of inactivation.

To prevent this from happening again I have changed the address of the corporation from my home to my office where there is someone who can see for me.

I have enclosed a cheek for \$150.00 which was suggested by someone in your office. I do hope that you will be able to accommodate my request. Thank you for your cooperation and help in this matter.

Sincerely,

Ernest D. Cooley L.C