


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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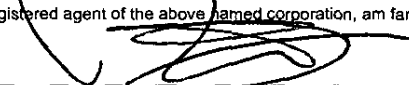
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 01-03		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000032335			
1. Corporation Name The Counseling Center and Human Sexuality Institute, P.A.			
2. Principal Office Address 842 East Park Avenue		3. Mailing Office Address 842 East Park Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32301	Country USA	Zip 32301	Country USA


4. Date Incorporated or Qualified To Do Business in Florida 4/15/96	
5. FEI Number 593376276	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Thomas W. Lager	
Street Address (P.O. Box Number is Not Acceptable) 2900 East Park Avenue	
Suite, Apt. #, Etc. Suite B	
City Tallahassee	State FL
Zip Code 32301	

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07/01/03 01026 011 **450.00

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 	Date
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
PD	Linda Humphries, PhD	842 East Park Avenue	Tallahassee, FL 32301

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: 	Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	

CR2E081 (10/02)

7/2/03

Law Office

THOMAS W. LAGER

ATTORNEY AT LAW
CERTIFIED FAMILY LAW MEDIATOR

2900 PARK AVENUE EAST
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June 25, 2003

Secretary of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: The Counseling Center and Human Sexuality Institute, P.A.
Document # P96000032335

Dear Sir or Madam:

I was recently contacted by my client, Linda Humphries (sole shareholder of the above corporation) advising that her CPA advised her the above corporation was administratively dissolved. Upon inquiry we were advised the administrative dissolution was for failing to file the annual reports and paying the annual fees.

As the listed registered agent, I can attest that in the year 2000 or thereafter, I never received the annual report request, not did Ms. Humphries.


The only rationale I can think of is I moved my office from Office Plaza to Park Avenue in mid-2000. However, we did advise all parties of our change of address, to include the U.S. Post Office.

Ms. Humphries has continually operated her business since 1996 and would certainly like to continue to operate under the same corporation. She pays all her dues and taxes in a timely manner.

We would appreciate the Department's consideration of reinstating the corporation. Ms. Humphries will be more than willing to pay the past and present annual fees, but would appreciate the Department's consideration of waiving any penalty or late fees as the problem appears not to be her intentional fault.

Your assistance in this matter will be greatly appreciated.

Cordially,



Thomas W. Lager

cc: Linda Humphries