

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



FILED

00 NOV -6 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099042

1. Corporation Name

DAYTONA COUNSELING CENTER, INC.

Principal Place of Business

221 OSCEOLA AVENUE
DAYTONA BEACH FL 32114

Mailing Address

221 OSCEOLA AVENUE
DAYTONA BEACH FL 32114

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

2. New Principal Office Address, If Applicable

1040 Mason Ave

3. New Mailing Office Address, If Applicable

PO Box 290628

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach FL

City & State

Port Orange FL

Zip

32127

Country

Zip

32129

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1996

5. FEI Number

59-3424981

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CARBONE, JOHN S	221 OSCEOLA AVE	DAYTONA BCH FL 32114

8000003493218--8

-12/11/00--01033--015

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARBONE, JOHN S D.C. 221 OSCEOLA AVENUE DAYTONA BEACH FL 32114		1971 Country Club Dr. 32124	
Name		Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.		City	
State		Zip Code	
FL			

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

REGISTERED AGENT MUST SIGN

Date 11/1/00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/00

Daytime Phone #