PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P97000004530 DOCUMENT

1. Corporation Name

FILED

01 MAR -9 AM 8:49

COUNSELING & HYPNOSIS ASSOCIATES, INC.			SECRETARY OF STATE TAUGAHASSEE: FEORIDA			
Principal Place of Business	Mailing Address		-{ - - 	18 16161 10811 98111 F3111 B1111 88111 98	114 8119 1 9 16 81 1816 81 11 1991	
-SUITE 300-V-	SUITE 300-V					
MIAMI FE 93131	MIAMI-FL 33131		DEIMIC.	TATPHOPA	ΔM	١,
If above addresses are incorrect in any way, line			DE HAD	TATEMENT	Wi	<i>)</i> [
2. New Principal Office Address, If Applicable 300 Bispayne Blvd. Way	3. New Mailing Office Address, 300 Biscayne Bly	If Applicable d. Way	Date Incorp. To Do Busin	orated or Qualified less in Florida	(45/1007	
Suite, Apt. #, etc. Suite 1007	Suite, Apt#, etc.		5. FEI Number		/15/1997 Applied For	
City & State	City & State	<u>. </u>	,	65-0720505	Not Applicable	
Zip 33131 Country USA		ÜŠA	6. CERTIFICATE		5 Additional Fee required or a Certificate of Status	ı
7. Names and Street Addresses of Each Officer an			est 3 directors)			
Title(s) Name of Officers and/or Directors 2 3		Street Address of Each Officer and/or Director		City / State / Zip		
P PADRON, FELIX O -600 BRICKELL AVE., SUITE 30			/ Suite 1007	MIAMI FL 33131		ĺ
		116 100 100 10				:
			8	00003851 -03/13/01 ****908.75	3984 01115009 ****908.75	1
					LS	:
						l
8. Name and Address of Current Registered Agent Name			9. Name and A	ddress of New Registered A	 	6
FELIX O PADRON -600 BRICKELL-AV E.	Street Address (P.O. Box Number is Not Acceptable) Suite April # Etc. Suite April # Etc.					
- SUITE 300-V		Suite, Apt. #, Etc.		nva. way		8
MIAMI FL 33131		City Miar	<u> </u>	State	Zip Code 33/3 I	
10. I, being appointed the registered agent of the a	bove named corporation, am familiar	with and accept the ol	bligations of Section	on 607.0505, F.S.	23/21	
Signature of Registered Agent	OUPSIBE QUE REGISTERED AGENT MUST SIGN	UIRED	<u></u>	Date	01	
In certify that I am an officer or director or the recthis reinstatement application, the reason for discount in the reason	eiver or trustee empowered to execut	te this application as p	rovided for in cha	pter 607 or 617, F.S. I further of section 607.0401 or 617.04	certify that when filing 01, 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.

3 06 01 Date