

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 14 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000082212**

1. Corporation Name

The Counseling Group, P.A.

2. Principal Office Address

6520 Ft. Caroline Rd.

3. Mailing Office Address

6520 Ft. Caroline Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX., FL

City & State

JAX., FL

Zip

32277

Country

USA

Zip

32277

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/16/1997

5. FEI Number

59-3467479

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kurt Shonka

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

6520 Ft. Caroline Rd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32277

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *10-9-02*

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
<i>Pres</i>	<i>Kurt Shonka</i>	<i>6520 Ft. Caroline Rd</i>	<i>JAX., FL 32277</i>

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:

[Signature] *Kurt Shonka*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-9-2002

Daytime Phone # *904 765 7272*
3070

CR2E081 (9/01)

js 10/14/02



The Counseling Group, P.A.
6520 Fort Caroline Road
P.O. Box 11729
Jacksonville, Florida 32239
Telephone (904) 725-7272
Facsimile (904) 745-3131

October 9, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs and Madam:

I am writing this letter requesting reinstatement of our corporation, The Counseling Group, P.A. Document number P97000082212. This lapse appears to stem from our not receiving our **2000 Profit Corporation Annual Report Packet**.

The corporation has continued to function unaware of the dissolution status. We just became aware through an inquiry to your website to determine our status. We would also respectfully request the State waive the reinstatement fee.

Please find enclosed our reinstatement application and a check for \$450.00.

Thank you for your consideration.

Sincerely,

Kurt Shonka, M.A., LMHC
President, The Counseling Group, P.A.