

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

FILED

99 OCT 26 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000003398

1. Corporation Name

**PROFESSIONAL COUNSELING & CONSULTING SERVICES,
INC.**

Principal Place of Business

Mailing Address

5500 JACKSON ST
HOLLYWOOD FL 33021

5500 JACKSON ST
HOLLYWOOD FL 33021

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1998

5. FEI Number

65-8005564

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	BENSON, MARY H.	5500 JACKSON ST	HOLLYWOOD FL 33021

800003045988--9
-11/16/99--01079--015
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENSON, MARY H.
5500 JACKSON ST
HOLLYWOOD FL 33021

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Mary H. Benson

REGISTERED AGENT MUST SIGN

Date **10/22/99**

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:

Mary H. Benson **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/99
Date

951-989-2298
Daytime Phone #

CR20040 (8/99)

(2)

**Professional Counseling and Consulting
Services, Inc.**

Mary H. Benson
5500 Jackson Street
Hollywood, Florida 33021
954-989-2298

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Secretary Harris,

On October 20, 1999 I received notice of dissolution of my corporation entitled **Professional Counseling and Consulting Services, Inc.** This was a shock to me since I have not been aware of previous notices.

While the Corporation has not been active since my automobile accident, January, 1998, I do intend to maintain an active status and will return to my work as soon as the doctors release me. It was in a very serious auto accident .I sustained a broken neck (C2 fracture). **Because I have not been able to process my business responsibilities as usual, I would appreciate your reconsideration of my status.**

I talked to Stacy in your office earlier this week. She suggested that I write this letter and enclose a check for \$150.00. The following physicians are those who are seeing me on a regular basis and can verify my physical condition if that would be helpful.

Dr. Steven S. Wender, Orthopedic Surgeon, 954-923-7577
Dr. R. Lee Carter, Neurosurgeon, 954-985-1490
Dr. George. E. Munoz, Arthritis & Osteoporosis, 305-682-1441

Thank you for your assistance.

Sincerely yours,

Mary H. Benson
Mary H. Benson, President