

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 OCT 24 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007691

1. Corporation Name

HEALTHY MINDS COUNSELING AND WELLNESS, INC.

Principal Place of Business

Mailing Address

6042 HOLLYWOOD STREET
PALM BEACH GARDENS FL 33418
US 33458

6042 HOLLYWOOD STREET
PALM BEACH GARDENS FL 33418
US 33458



2000 UBR

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0829740

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

33458 US

33458 US

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
D	ABERNATHY, BARBARA	6042 A HOLLYWOOD ST.	PALM BEACH GARDENS FL 33418

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NICHOLS, L. WESLEY ESQ.
11380 PROSPERITY FARMS RD., SUITE 204
PALM BEACH GARDENS FL 33410

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Jupiter

FL

33458

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

10/20/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara

Abernathy

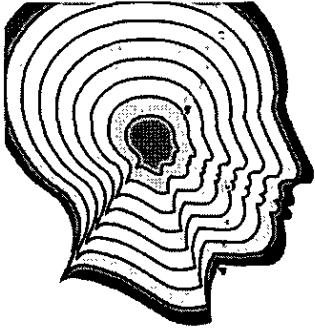
October 20, 2000

Date

Paytime Phone #

(561) 622-2343

CR2E040 (8/00)



Healthy Minds[®]

Counseling and Wellness, Inc.

6038 HOLLYWOOD STREET PALM BEACH
GARDENS, FL 33458

BARBARA ABERNATHY, LMHC

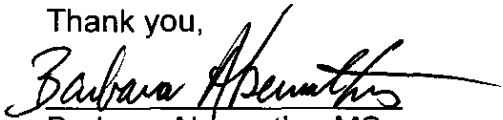
Licensed Psychotherapist
(561) 630-6824

Dept. of State
Division of Corporations

This letter is to request that the late fees for document number P98000007691 be waived. I never received an annual statement, but I sent check # 1121 on April 19, 2000 for \$150. Since I didn't hear anything from your office I just assumed it was taking awhile to credit the check (it has never cleared). I called your office on 10/18 & asked what to do about the reinstatement form that I received. I was told to send this letter, a check for \$150, & the completed reinstatement form. All of these items are enclosed.

If I can be of any further assistance in resolving this, please feel free to contact me at either (561) 622-2343 or (561) 707-9663.

Thank you,


Barbara Abernathy, MS