

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
12000 UBR



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

FILED

00 OCT 26 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000071115

1. Corporation Name

FIELDS COUNSELING, INC.

Principal Place of Business

Mailing Address

123 CROWN POINT CIR.
LONGWOOD FL 32779

123 CROWN POINT CIR.
LONGWOOD FL 32779



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

2. New Principal Office Address, If Applicable

556 Sabal Lake Dr.

Suite, Apt. #, etc.

Apt. # 204

City & State
Longwood, Florida

Zip Country
32779 Seminole

3. New Mailing Office Address, If Applicable

556 Sabal Lake Dr.

Suite, Apt. #, etc.

Apt. # 204

City & State
Longwood, Florida

Zip Country
32779 Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1998

5. FEI Number

59-3517598

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
D	FIELDS, PAMELA L	123 CROWN POINT CIR. 556 Sabal Lake Dr # 204	LONGWOOD FL 32779

700003483657--0
-12/01/00--01087--0025
****150.00 ****150.00

8. Name and Address of Current Registered Agent

FIELDS, PAMELA L
123 CROWN POINT CIR.
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name
PAMELA L. Fields
Street Address (P.O. Box Number is Not Acceptable)
556 Sabal Lake Dr.
Suite, Apt. #, Etc.
204
City
Longwood
State
FL
Zip Code
32779

CR2ED40 (8/00)

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

Date

REGISTERED AGENT MUST SIGN

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

Daytime Phone #

2052

Pamela L. Fields
Fields Counseling, Inc.
556 Sabal Lake Dr. # 204
Longwood, Florida 32779

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Filing of Corporation annual /Uniform Business Report
FEI number: 59-3517598

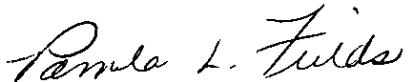
To Whom It May Concern:

Unfortunately, I never received any notice regarding my filing the 2000 corporation annual/uniform business report. It is my understanding that two notices were sent. I did not move until July 2000 , so that is not the issue (in any case this notice was obviously forwarded to me). I am confused and extremely concerned because of the possible hefty penalty involved in reinstating the corporation.

Fields Counseling was incorporated August 12,1998. This would have been my first time filing after going through the actual incorporation process. Unfortunately, I was not aware, and thus did not inquire as to why I had not received information for filing.

Enclosed is \$150.00 to process my delayed filing. I am requesting that you give serious consideration to my error as being a result of not receiving the notices as well as being new to this process .

Sincerely,



Pamela L. Fields