

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 NOV -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **522671**

1. Corporation Name

ANANDA COUNSELING CENTER INC

2. Principal Office Address

3. Mailing Office Address

4100 W KENNEDY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 212

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33609

USA

REINSTATEMENT 96-180

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/90

5. FEI Number

59-3024173

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

CAROL J PARKER

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

3340 W WYOMING CIRCLE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33611

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

Carol J Parker

Date **10.30.2000**

REGISTERED AGENT MUST SIGN

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
PRES	CAROL J PARKER	3340 W WYOMING CIRCLE	TAMPA FL 33611

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.

KE

SIGNATURE:

Carol J Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.30.00

Date

813 207 0022

Daytime Phone #

CR2E081 (9/99)