

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

89 / 82

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 17 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

937995

Counseling & Consulting  
Professionals of FL, Inc.  
321 Northlake Blvd. Ste. 206  
North Palm Beach, FL 33408

2. Principal Office Address

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

1991

5. FEI Number

050251840

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

M. Leslie Owens

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

5210 Celery Lane

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

Date

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
President VP, S, T	M. Leslie Owens	5210 Celery Lane	Palm Beach Gardens FL 33418
			300040242242
			08/17/04--01028--002 **2015.00

I am sole owner of Corporation

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)(f), 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:

M. Leslie Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/16/04

Daytime Phone #

CR2E081 (01/04)

P5292



**COUNSELING & CONSULTING PROFESSIONALS, INC.**

August 16, 2004

To Whom it may Concern:

It has recently come to my attention that I have inadvertently allowed my corporation, Counseling and Consulting Professionals of Florida, Inc. to lapse in 1993. This was not my intention, but arose out of my lack of understanding of the requirements for maintaining the corporation.

In 1991 I moved my office location. Around that same time a partner who had been handling some of the administrative duties left the business. I now realize that the annual report form for the corporation must have been sent to the old address, and apparently not forwarded to the new. As I had not been handling these issues I was not aware of the lapse, and as a result have not filed the yearly Corporation fees each year.

I would like to reinstate the corporation and have enclosed a check for \$2015.00 to cover the yearly corporation fees due to date. I am requesting that the reinstatement fees of \$600.00 be waived as I did not receive the forms for filing and was unaware of the process. Please find a letter from my accountant enclosed as well.

I appreciate your help in this matter.

Sincerely,  
M. Leslie Owens