

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S37995

FILED
Oct 02, 2007
Secretary of State

Entity Name: COUNSELING AND CONSULTING PROFESSIONALS OF FLORIDA, INC.

Current Principal Place of Business:

537 US HWY 1
STE #2
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

5210 CELERY LANE
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

537 US HWY 1
STE #2
NORTH PALM BEACH, FL 33408

New Mailing Address:

5210 CELERY LANE
PALM BEACH GARDENS, FL 33418

FEI Number: 65-0251840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, M L LESLIE
5210 CELERY LN
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: M. LESLIE OWENS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPS () Delete
Name: OWENS, M L
Address: 5210 CELERY LN
City-St-Zip: PALM BCH GARDEN, FL 33418

Title: T () Delete
Name: OWENS, M L
Address: 5210 CELERY LN
City-St-Zip: PALM BCH GARDEN, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. LESLIE OWENS

P

10/02/2007

Electronic Signature of Signing Officer or Director

Date