

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V28508**

1. Corporation Name

**WELLNESS COUNSELING AFFILIATES, INC.**

Principal Place of Business

1844 N. NOB HILL RD  
STE 303  
PLANTATION FL 33322  
US

Mailing Address

1844 N. NOB HILL RD  
STE 303  
PLANTATION FL 33322  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/09/1992

5. FEI Number

65-03247-18

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	RIEVMAN, STEVE	1844 N. NOB HILL RD. STE 503	PLANTATION FL 33322

600024511226  
11/07/03 01064 006 \*\*150.00

8. Name and Address of Current Registered Agent

RIEVMAN, STEVE  
1844 N. NOB HILL RD  
STE 303  
PLANTATION FL 33322

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/29/03

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

Date

10/29/03

Daytime Phone #

CR2040 (7/03)

October 29, 2003

To: Florida Department of State/ Division of Corporations  
Annual Report Reinstatement Section

From: Dr. Steven Rievman/ Wellness Counseling Affiliates, Inc.  
V28508



Re: Waiver of Reinstatement penalty

I have three corporations listed with you, and every year I receive only two UBR pre-printed forms. The above-named corporation has not received one for several years. I have called to question this and was assured that I would receive a correct form the next year; but that has not occurred. This year, once again, I had to download a blank form to file my report. As I filled it out I accidentally entered the name "Wellness Counseling Affiliates, P.A." instead of "Wellness Counseling Affiliates, Inc." (I have another corporation with a similar name that is a P.A.) As a result, you rejected my UBR form. I am enclosing a copy of the original, rejected form to illustrate the problem.

You did send me a notice of that error along with a later Notice of Dissolution if I did not send in a corrected form. Unfortunately, I am totally disabled and have been extremely ill, in and out of the hospital for the last few months. During this time I did not pick up my mail, including all of your notices. On October 28<sup>th</sup>, when I finally was healthy enough to retrieve my mail, I found all of your letters. I spoke with a woman at your office and she suggested I write this letter and send in the pre-printed form you eventually did send with the rejection notice, along with a new check for \$150.00 and a request that the penalty be waived. She emphasized that since I never received a proper form, and that I was incapacitated, your office would treat my request kindly.

Thank you.

Enclosed:

Copy of original rejected UBR form

New, completed pre-printed form

Check for \$150.00

Copy of September 17<sup>th</sup> Dissolution warning

954 476 7218



**FLORIDA DEPARTMENT OF STATE**

Glenda E. Hood  
Secretary of State

September 17, 2003

WELLNESS COUNSELING AFFILIATES, INC.  
1844 N. NOB HILL RD  
STE 303  
PLANTATION, FL 33322 US

**SUBJECT: WELLNESS COUNSELING AFFILIATES, INC.**  
Ref. Number: V28508

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We have received your document for WELLNESS COUNSELING AFFILIATES, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 003A00051598

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