## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

# DOCUMENT #

1. Corporation Name

## WELLNESS COUNSELING AFFILIATES, INC.

Principal Place of Business

Mailing Address

1844 N. NOB HILL RD

1844 N. NOB HILL RD STE 303

Suite, Apt. #, etc.

STE 308" PLANTATION FL 33322

PLANTATION FL 33322

US

City & State 4

US

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

3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

5. FEI Number

~~=65-03247-18-~

Date Incorporated or Qualified To Do Business in Florida

FILED

03 NOV -7 AM 9:39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

04/09/1992

Applied For Not Applicable

Zip		Country	Zip	С	Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprofit co	orporations must list at lea	st 3 directors)		
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City /	State / Zip
PTD	RIEVMAN,	STEVE		1844 N. NO	B HILL RD. STE 503		PLANTATION FL 3332	2
<del></del>								
						<b>60</b>	0024511:	226
						11/01/	000 POOT 000	**120.00
8. Name and Address of Current Registered Agent						9. Name and	Address of New Register	ed Agent
					Name		۴	
RIEVMAN, STEVE								

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

Suite, Apt. #, Etc.

1844 N. NOB HILL RD STE 303 PLANTATION FL 33322

City

Zip Code State

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

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 filling 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** 

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 29, 2003

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

From: Dr. Steven Rievman/ Wellness Counseling Afffiliates, Inc.

Re: Waiver of Reinstatement penalty

I have three corporations listed with you, and every year I receive only two UBR preprinted 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 formNew, completed pre-printed form
Check for \$150.00
Copy of September 17<sup>th</sup> Dissolution warning

FOR PROFIT CORP UNIFORM BUSINESS LENORT (UBR) DOCUMENT # V28508 WELLNESS COUNSELING AFFILIATES, DO NOT WHITE IN THIS SPACE REINSTATEMENT 03 1844 N. NOB ALL RA N. NOB HALL RD COUNCIL WHILE IN THIS NOVELE 303 303 auplia ee 4. FE' Runnoer 65-0324 PLANTATION LANTATTON Not applied by \$8.75 Additional Fee Received 7. Name and Address of Current Registered Agent IN THIS SPACE SIGHATURE enuary 1 - May 1 Pee la \$150.00 The contact confishing block controlly to a temperate After May 1, Fee to \$550.80 Amended UBA & \$51.25 10. Election Comparan Presenting \$5.00 May 8a section), they bear term orapse peditined Tagat Emat Cau Landoni Added to Fees Courte la entra bació Make Check Payable to Department of State officires and discretific 11 ° F NOW HILL AL SHIPE 307 EAN# SHI PINES 43-7-81-30 71717 717. F 1.014.7 Nº0F STATE MAKESS STEPPANORU 41Y (1 32 CHARLES 71-17 TOF 10.4 6.35/F STOP ALERS STEET KNOEL र प्रश्निक H.L 11:11 IN THIS SPACE WAY. 10201 江州 汇集级 STEET CAUSEUS ary to to GIV STORE II d 5.01 3341 ACRES SHU ORISI 154 St-38 #12 11 4 274 1.001 ART 4138.58 SH. OMB GO H M 13. The edgraphic forms are trained sacratice with that filed from 1 of configuration is a few trained as from 100 of configuration from 100 of conf Filipida Statinos: ank laranny namo epitore in Stock titlor o ran SIGNATURE:



#### 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

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