

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V29900

1. Corporation Name

SOUTH EASTERN COUNSELING CENTER, INC.

Principal Place of Business

1420 GENE STREET  
WINTER PARK FL 32789  
US

Mailing Address

1420 GENE STREET  
WINTER PARK FL 32789  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/21/1992

5. FEI Number

59-3119233

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDT	BROWN, RONALD E	1031 VISTA RD.	LONGWOOD FL 32750
V	BROWN, MARGARET E	1031 VISTA RD.	LONGWOOD FL 32750
S	BROWN, CARRIE E Camacho, Carrie E.	812 RENAISSANCE POINTE BLVD., AP	ALTAMONTE SPRINGS FL 32714

100008626631  
10/28/02--01086--011 \*\*158.75

8. Name and Address of Current Registered Agent

BROWN, RONALD E.  
1420 GENE STREET  
WINTER PARK FL 32789

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

CR2E040 (8/02)

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

*SIGNATURE REQUIRED*

REGISTERED AGENT MUST SIGN

Date 10-24-02

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-02



## SOUTH EASTERN COUNSELING CENTER

1420 Gene Street  
Winter Park, FL 32789  
Phone (407) 599-2073  
Fax (407) 599-1174

October 24, 2002

Jim Smith, Secretary of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Mr. Smith:

REF: Application for Reinstatement Document #V29900, EIN 59-3119233

Please accept my apologies for late payment of Corporate renewal. I did not receive previous notice, and am asking that you please waive the \$600 reinstatement fee.

Enclosed is a check for \$158.75. Please let me know if there is a problem with this.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Ronald E. Brown', is written over the printed name.

Ronald E. Brown  
Director/Registered Agent

RB/cc