

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V29900

1. Entity Name  
SOUTH EASTERN COUNSELING CENTER, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 29 PM 2:52

Principal Place of Business  
1420 GENE STREET  
WINTER PARK, FL 32789 US

Mailing Address  
1420 GENE STREET  
WINTER PARK, FL 32789 US

2. Principal Place of Business  
1660 LEE RD

3. Mailing Address  
1660 LEE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



11182004 REIN-P CR2E098 (6/04)

City & State  
WINTER PARK, FL 32789

City & State  
WINTER PARK, FL 32789

4. FEI Number  
59-3119233

Applied For  
Not Applicable

Zip  
32789

Country  
USA

Zip  
32789

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, RONALD E.  
1031 VISTA RD.  
LONGWOOD, FL 32750

Name  
Ronald E. Brown

Street Address (P.O. Box Number is Not Acceptable)  
1031 Vista Rd.

City Longwood FL Zip Code 32750

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ronald E. Brown*

11-17-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDT  
BROWN, RONALD E  
1031 VISTA RD.  
LONGWOOD, FL 32750 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BROWN, MARGARET E  
1031 VISTA RD.  
LONGWOOD, FL 32750 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BROWN, CARRIE E  
812 RENAISSANCE POINTE BLVD., APT. 104  
ALTAMONTE SPRINGS, FL 32714 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100043042741  
11/29/04--01058--006 \*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Brown, Carrie E.  
849 Lake Doe Blvd.  
Apopka, FL 32703 ☒ Change ☐ Addition  
address only

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald E. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/04 407-599-2073

Date

Daytime Phone #