PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 22 AM 7:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L95000000560

1. Limited Liability Company's Name
Psychological Alliance, P.L.

4/22

2. Principal Office Address	3. Mailing Office Address
4300 N. University Dr	same
Suite, Apt. #, etc.: C-100	Suite, Apt. #, etc.: same
City & State: Lauderhill, Fl.	City & State: same
Zip: 33351 Country: USA	Zip: same Country: same

4. State/Country of Formation: Florida / U.S.A.
5. Date Organized or Qualified To Do Business in Florida: 7-1995
6. FEI Number: 65-0595442 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

100003861691
04/06/04--01024--017 **20.00

Name: Carol Wartenberg, Ph.D.
Street Address (P.O. Box Number is Not Acceptable): 4300 N. University Drive
Suite, Apt. #, Etc.: C-100
City: Lauderhill State: FL Zip Code: 33351

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Laura C. Hohnecker Carol Wartenberg 4/19/04 Date: 3/9/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mem	Hohnecker, Laura C.	4300 N. University Dr. C-100	Lauderhill, Fl. 33351
MGrM	Wartenberg, Carol	4300 N. University Dr C-100	Lauderhill, Fl. 33351
		REINSTATEMENT 2003-2004	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Laura C. Hohnecker Date: 04-02-04 Daytime Phone #: 954 742-7445
Carol Wartenberg
Typed or printed name of signing Managing Member/Manager: Laura C. Hohnecker

Carol A. Wartenberg 4/19/04