

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Direct Approach Counseling LLC
OK

2. Principal Office Address - No P.O. Box #

3200 N. FEDERAL Hwy. 6562 VIA Regina

Suite, Apt. #, etc.

Ste 206-14

City & State

Boca Raton, FL

Zip

33431

Country

Palm Beach

3. Mailing Office Address

6562 VIA Regina

Suite, Apt. #, etc.

#3

City & State

Boca Raton, FL

Zip

33433

Country

Palm Beach

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

1/31/2000

6. FEI Number

65-0992688

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

Name Sheila Cooperman

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

6562 VIA Regina

Suite, Apt. #, Etc.

#3

City

Boca Raton

State

FL

Zip Code

33433

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Sheila Cooperman

REGISTERED AGENT MUST SIGN

Date 5/4/2010

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	Sheila Cooperman	6562 VIA Regina #3	Boca Raton, FL 33433

200180660432
05/11/10-01000 012 **416.25

REINSTATEMENT

2008-2010

11. E-mail Address: DACounselingInc@aol.com

(To be used for future annual report notifications)

12. 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

Sheila Cooperman

Date 5/4/10

Daytime Phone #

(561) 289 0083

Typed or printed name of signing Managing Member/Manager