

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 11:07

DOCUMENT # L00000005422

1. Limited Liability Company's Name

A COUNSELING EXPERIENCE, L.L.C.

2. Principal Office Address

2481 9th AVE. N.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL.

Zip

33713

Country

3. Mailing Office Address

2481 9th AVE. N.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL.

Zip

33713

Country

4. State/Country of Formation

FLORIDA, USA.

5. Date Organized or Qualified
To Do Business in Florida

MAY 8, 2000

6. FEI Number

59-3644758

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

RAYMOND A. KOSCHO, LCSW

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

2481 9th AVE. N.

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33713

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

Ray A. Koscho, LCSW
REGISTERED AGENT MUST SIGN

Date

3/29/05

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
MGR	RAYMOND A. KOSCHO	2481 9th AVE. N.	ST. PETERSBURG, FL 33713

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

Ray A. Koscho
RAYMOND A. KOSCHO, LCSW

Date

3/29/05

Daytime Phone #

(727) 709-2993

Typed or printed name of signing Managing Member/Manager

RAYMOND A. KOSCHO, LCSW

CR2E041 (10/02)