

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -1 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000015537

1. Limited Liability Company's Name

THE WELLSPRING INSTITUTE OF CENTRAL FLORIDA,  
LLC

L00000015537

400018472644  
12/10/03--01044--030 \*\*45.00

2. Principal Office Address

3200 Corrine Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32803

Country

USA

3. Mailing Office Address

P.O. Box 1536

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32790-1536

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/08/2000

6. FEI Number

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

H. Stevens Peirsol

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

3200 Corrine Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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

*H. Stevens Peirsol*

REGISTERED AGENT MUST SIGN

Date

04/29/03

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| MGR    | H. Stevens Peirsol                   | 3200 <del>Corrine</del><br>Corrine Drive          | Orlando, FL 32803  |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

REINSTATEMENT

2003

12/8/03

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

*H. Stevens Peirsol*

Date

04/29/03

Daytime Phone #

407 898 2858

Typed or printed name of signing Managing Member/Manager

H. Stevens Peirsol

CR2E041 (10/02)