

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 12 AM 8:50

DOCUMENT # LO1 000016369

1. Limited Liability Company's Name

Sarasota Psychotherapy Associates, LLC

2. Principal Office Address

2477 Stickney Pt. Rd.

Suite, Apt. #, etc.

Suite 115B

City & State

Sarasota, FL

Zip

34231

Country

USA

3. Mailing Office Address

2477 Stickney Pt. Rd.

Suite, Apt. #, etc.

Suite 115B

City & State

Sarasota, FL

Zip

34231

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

9/15/01

6. FEI Number

65-1149439

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

Janet Carlson

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

2477 Stickney Pt. Rd.

Suite, Apt. #, Etc.

Suite 115B

City

Sarasota FL

State

FL

Zip Code

34231

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

Janet Carlson

REGISTERED AGENT MUST SIGN

Date

6/3/05

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
M	Janet Carlson	2477 Stickney Pt. Rd.	Sarasota, FL 34231

700057366017
07/12/05--01074--003 **300.00

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

Janet Carlson

Date

6/3/05

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Janet Carlson