

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 DEC 30 AM 9:39

DOCUMENT # L02000000490

1. Limited Liability Company's Name

TEMENOS COUNSELING CENTER, LLC

600062512396

12/30/05--01254-005 **150.00
CR2E04T (8/05)

2. Principal Office Address

5700 Memorial Highway

3. Mailing Office Address

5700 Memorial Highway

Suite, Apt. #, etc.

Suite 214

Suite, Apt. #, etc.

Suite 214

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33615

Country

US

Zip

33613

Country

US

4. State/Country of Formation

Hillsborough County

**5. Date Organized or Qualified
To Do Business in Florida**

01/04/2002

6. FEI Number

90-0001292

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

Judithe R. Nielsen

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

14920 Philmore Road

Suite, Apt. #, Etc.

City

Tampa

600062512396

12/30/05--01254-005 **150.00

FL 33613

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

Judithe R. Nielsen
REGISTERED AGENT MUST SIGN

Date 12/29/2005

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
MGRM	Gordon G. Nielsen	14920 Philmore Road	Tampa, FL 33613

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

Gordon G. Nielsen

Date

12/29/05

Daytime Phone #

(813) 968-6157

Typed or printed name of signing Managing Member/Manager

Gordon G. Nielsen, Managing Member