

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 APR 23 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000030186

**1. Limited Liability Company's Name**

DAVID B. STEVENS, M.S., LMFT, LLC

**2. Principal Office Address**

2462 Cliffdale Street

Suite, Apt. #, etc.

City & State

Ocoee, Florida

Zip

34761

Country

USA

**3. Mailing Office Address**

2462 Cliffdale Street

Suite, Apt. #, etc.

City & State

Ocoee, FL

Zip

34761

Country

USA

**4. State/Country of Formation**

FLORIDA

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

11/12/2002

**6. FEI Number**

11-3664473

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

DAVID B. STEVENS (Current)

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

2462 Cliffdale Street

Suite, Apt. #, Etc.

City

Ocoee

~~VOID~~ INCORPORATE USA, INC

3150 SANDY RIDGE DR.

Clearwater, FL 33761

State

FL

Zip Code

34761

**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

David B. Stevens

REGISTERED AGENT MUST SIGN

Date

4/14/04

**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	David B. Stevens, M.S. LMFT	2462 Cliffdale Street	Ocoee, FL 34761

**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

David B. Stevens M.S. LMFT

Date

4/14/04

Daytime Phone #

407-656-2770

Typed or printed name of signing Managing Member/Manager

DAVID B. STEVENS, M.S., LMFT

CR2E041 (10/02)