

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

06 SEP 22 AM 10:06

DOCUMENT # L03000015614

1. Limited Liability Company's Name

Therapy Management & Consulting, LLC

CR2E041 (8/05)

2. Principal Office Address

222 South US HWY 1

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip
33469

Country
USA

3. Mailing Office Address

912 Westchester Way

Suite, Apt. #, etc.

City & State

Richmond, KY

Zip
40475

Country
USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

04/30/2003

6. FEL Number
04-3760799

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

Byron S. Johnston

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

222 South US HWY 1

Suite, Apt. #, Etc.

City

Tequesta

State
FL

Zip Code
33469

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

Byron S. Johnston
REGISTERED AGENT MUST SIGN

Date

9-19-06

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	Byron S. Johnston	912 Westchester Way	Richmond, KY 40475
			100090460531 10/04/06--01037--008 **255.00
			REINSTATEMENT 04-06

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

Byron S. Johnston
Date 9/19/06

Daytime Phone #

859-229-4151

Typed or printed name of signing Managing Member/Manager

Byron S. Johnston/MGR