

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000084004

1. Limited Liability Company's Name

Associates in Counseling & Hypnotherapy, LLC

2. Principal Office Address - No P.O. Box #
1342 Colonial Blvd.

Suite, Apt. #, etc.

Suite F-41A

City & State

Fort Myers, FL

Zip

33907

Country

US

3. Mailing Office Address

3026 SE 6th Avenue

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33904

Country

US

4. State/Country of Formation
FL/US

5. Date Organized or Qualified
To Do Business in Florida 11/19/2004

6. FEI Number
20-2036057

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

Vitiello, Liza J. LMHC

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

3026 SE 6th Avenue

Suite, Apt. #, Etc.

City

Cape Coral, FL

State

FL

Zip Code

33904

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Liza J. Vitiello
REGISTERED AGENT MUST SIGN

Date 12/31/2008

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	Vitiello, Liza J. LMHC	1342 Colonial Blvd., Suite F-41A	Fort Myers, FL 33907

L. SELLERS

JAN--9-2009

EXAMINER

REINSTATEMENT

2008

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

Liza J. Vitiello

Date 12/31/2008

Daytime Phone # 239-940-6937

Typed or printed name of signing Managing Member/Manager

Liza J. Vitiello