

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 JUL -9 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

**Peri M. Blum, Psy.D., LLC**

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # <b>19218 n creekshore ct</b>		3. Mailing Office Address <b>19218 n creekshore ct</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>boca raton</b>		City & State <b>boca raton</b>	
Zip <b>33498</b>	Country <b>USA</b>	Zip <b>33498</b>	Country <b>USA</b>

4. State/Country of Formation <b>Florida/palm beach</b>	
5. Date Organized or Qualified To Do Business in Florida <b>09/26/2008</b>	
6. FEI Number <b>none</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name <b>Robin Finlayson</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>23123 S. State Rd. 7</b>	
Suite, Apt. #, Etc. <b>#240</b>	
City <b>boca raton</b>	State Zip Code <b>FL 33428</b>

**000182836970**  
**07/01/10--01061--004 \*\*238.75**  
**000182836970**  
**07/12/10--01003--004 \*\*277.50**

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

*Robin Finlayson*  
REGISTERED AGENT MUST SIGN

Date **June 30, 2010**

**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	<b>Blum, Peri M.</b>	<b>19218 N Creekshore ct</b>	<b>boca raton fl 3498</b>

**REINSTATEMENT**

**08-10**

**07-12-10**

11. E-mail Address. **dperib@bellsouth.net**

(To be used for future annual report notifications)

12. 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

*Peri M. Blum*

Date **6/28/2010** Daytime Phone # **561-883-8861**

Typed or printed name of signing Managing Member/Manager **Peri M. Blum**