PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE ny Mo **COMPANY** Secretary of State 15 HOV 23 # 1 3 REINSTATEMENT DIVISION OF CORPORATIONS -DOCUMENT # L08000029202 1. Limited Liability Company's Name Transitions Behavioral Health, LLC W15.59860 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address CR2E041 (1/14) 11985 79th Ave. P. O. Box 4483 4. State/Country of Formation Florida Suite, Apt. #, etc. Suite, Apt. #, etc. Date Organized or Qualified 03-20-2008 To Do Business in Florida City & State City & State 6. FEI Number Seminole, Florida Seminole, Florida 262190540 Zip Zip Country Country 7. CERTIFICATE OF STATUS DESIRED 33772 บร 33775 US 8. Name and Address of Current Registered Agent Name 900276785329 11/23/15--01001--007 **697.50 Ronald L. Calhoun Street Address (P.O. Box Number is Not Acceptable) Suite,

Apt. #, Etc. 900276785329 09/04/15--01025--027 **243.75 City State Zip Code 33772 Seminole

9. I, being Signature of Registered A	1/20 Od 1 O. Va	I liability company, am familiar with and accept the obligation	ns of Chapter 605, F.S. Date 09-01-2015
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Ronald L. Calhoun	11985 79th Ave.	Seminole, FL 33772
		VON	2 3 2015
	REINSTATE	MENI R.	TAUL
	_		
11, E-mail A	ddress: roncalhoun2007@yahoo.com		
		(To be used for future annual report notifications)	

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, 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. I am awage that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

11985 79th Ave.

pplied For

Typed or printed name of signing authorized representative/member Ronald L. Calhoun

09-01-2015