

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000102056

**FILED**  
**Aug 25, 2010**  
**Secretary of State**

**Entity Name:** BARNES HOLISTIC COUNSELING THERAPIES INSTITUTE LLC

**Current Principal Place of Business:**

2255 18TH ST S  
100  
ST. PETERSBURG, FL 33712

**New Principal Place of Business:**

2510 FIRST AVENUE SOUTH  
ST. PETERSBURG, FL 33712

**Current Mailing Address:**

2255 18TH ST S  
100  
ST. PETERSBURG, FL 33712

**New Mailing Address:**

2510 FIRST AVENUE SOUTH  
ST. PETERSBURG, FL 33712

**FEI Number:** 37-1574877

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BARNES, WILLIAM T DR  
2255 18TH ST S  
100  
ST. PETERSBURG, FL 33712 US

**Name and Address of New Registered Agent:**

BARNES, WILLIAM T DR  
2510 FIRST AVENUE SOUTH  
ST. PETERSBURG, FL 33712 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DR. WILLIAM T BARNES, PHD., DCC., LHD

08/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR  
Name: BARNES, WILLIAM T DR  
Address: 2510 FIRST AVENUE SOUTH  
City-St-Zip: ST PETERSBURG, FL 33712 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM T BARNES, PHD, DCC, LHD

DR

08/25/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date