

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 MAY 16 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000012405

1. Limited Liability Company's Name

Adult & Child Mental Health Care, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

6550 Terrasanta

Suite, Apt. #, etc.

3. Mailing Office Address

6550 Terrasanta

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32501

Country

USA

Zip

32501

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/05/2009

6. FEI Number

26-4804419

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

Edsel F. Matthews, Jr.

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

308 South Jefferson Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32502

E-mail Address:

kadams6550@gmail.com

(To be used for future annual report notices)

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

Edsel F. Matthews, Jr.

Date

5/11/12

REGISTERED AGENT MUST SIGN

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	Karen P. Adams	6550 Terrasanta	Pensacola, FL 32501

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05/15/12--01008--002 ***377.50

REINSTATEMENT 11-12

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. I am aware 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 Managing
Member/Manager

Karen Adams

Date

5-11-12

Daytime Phone #

(850) 324-1468

Typed or printed name of signing Managing Member/Manager