

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

14 MAR 17 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L090000049157**

1. Limited Liability Company's Name

**Family Behavior Services, LLC.**

CR2E041 (1/14)

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

**221 W. Hallandale Beach Blvd**

Suite, Apt. #, etc.

**Suite A**

City & State

**Hallandale Beach, FL**

Zip

**33009**

Country

**USA**

3. Mailing Office Address

**221 W. Hallandale Beach Blvd**

Suite, Apt. #, etc.

**Suite A**

City & State

**Hallandale Beach, FL**

Zip

**33009**

Country

**USA**

4. State/Country of Formation

**FL / USA**

5. Date Organized or Qualified  
To Do Business in Florida

**5/18/2009**

6. FEI Number

**270206625**

☐ 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

**Robert Patrick Garcia**

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

**11443 SW 243rd Terrace**

Suite, Apt. #, Etc.

**None**

City

**Homestead**

State

**FL**

Zip Code

**33032**

**700255997997**  
01/27/14--01003--005 \*\*5.00

**700255997997**  
01/27/14--01003--004 \*\*238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*[Signature of Robert Patrick Garcia]*

REGISTERED AGENT MUST SIGN

Date **1/21/2014**

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
MGR	Monica Drain	11443 SW 243rd Ter	Homestead / FL / 33032
MGR	Joseph Garcia	1101 L St. NW #42	Washington DC, 20006
MGR	Patricia Garcia	1409 Villa Capri Circle Apt. 303	Odessa, FL 33556

**MAR 18 2014**

**L. SELLERS**

11. E-mail Address: **rp.garcia@gmail.com** **Family behavior svcs@gmail.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 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 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 aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*[Signature of Robert Patrick Garcia]*

Date **1/21/2014**

Daytime Phone # **305-216-0104**

Typed or printed name of signing Authorized Representative/Manager

**Robert Patrick Garcia**