PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 APR 21 AM 10:19

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L BERGER

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CR2E041 (1/14)

DOCUMENT #

1. Limited Liability Company's Name
CREATIVE COUNSELING OF ST. PETERSBURG, L.L.C.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
710 94th Avenue North		710 94th Avenue North	
Suite, Apt. #, etc 302		Suite, Apt. #, etc. 302	
City & State St. Petersburg		City & State St. Petersburg	
Zip 33702	Country US	Zip 33702	Country US

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business In Florida
August 12, 2009

6. FEI Number
27-1923652
☐ 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
Richard T. Earle III, Esquire

Street Address (P.O. Box Number is Not Acceptable)
669 First Avenue North

Suite, Apt. #, Etc

City	State	Zip Code
St. Petersburg	FL	33701

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 _____ Date 4/14/17

REGISTERED AGENT MUST SIGN Richard T. Earle III, Esquire

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
Manager	Kiley M. Tollberg, f/k/a Kiley K. Mahaffey	710 94th Avenue North, Suite 302	St. Petersburg, Florida 33702
	REINSTATEMENT		
	2012 – 2017		

11. E-mail Address: kiley.tollberg@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 _____ Date April 14, 2017 Daytime Phone # (727) 560-9966

Typed or printed name of signing Authorized Representative/Manager Kiley M. Tollberg, Manager/Member/Authorized Representative