

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

11 JAN 18 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L09000115425**

1. Limited Liability Company's Name

A Time For Change Counseling and Repositioning Services, LLC

000189513010  
01/18/11--01057--012 \*\*138.75

000189513010  
01/04/11--01070--016 \*\*243.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 3131 NW 13th Street		3. Mailing Office Address 3131 NW 13th Street	
Suite, Apt. #, etc Unit 56		Suite, Apt. #, etc. Unit 56	
City & State Gainesville		City & State Gainesville	
Zip 32609	Country USA	Zip 32609	Country USA

4. State/Country of Formation Florida/ USA	
5. Date Organized or Qualified To Do Business in Florida 12/04/2009	
6. FEI Number 27-1504997	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Gabrielle M. Johnson			
Street Address (P.O. Box Number is Not Acceptable) 622 N.E. First Street			
Suite, Apt. #, Etc.			
City Gainesville	State FL	Zip Code 32601	

**REINSTATEMENT** 2010-2011  
Set

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 <i>Gabrielle M. Johnson</i>	Date 12/28/2010
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
MGR	Michael T. Johnson	3926 NW 23rd Terr	Gainesville, FL 32605
MGRM	Gabrielle M. Johnson	3926 NW 23rd Terr	Gainesville, FL 32605
MGRM	Lois E. Johnson	3926 NW 23rd Terr	Gainesville, FL 32609

11. E-mail Address: _____ (To be used for future annual report notifications)	
12. 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.	
Signature of Managing Member/Manager <i>Michael T. Johnson</i>	Date 12/28/2010 Daytime Phone # 352371-1979
Typed or printed name of signing Managing Member/Manager Michael T. Johnson, LCSW	