PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L15000089433

1. Limited Liability Company's Name

felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Typed or printed name of signing authorized representative/member Jontie Hays

Oceanside Family Counseling Center, LLC



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CITCLE PARY OF STATE

2. Principal Office Address - No P.O. Box#		3. Mailing Office Address		CR2E041 (1/14)		
721 A1A Beach Blvd.		721 A1A Beach Blvd.		4. State/Country of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Florida		
Suite 5		Suite 5		Date Organized or Qualified To Do Business in Florida 06/01/2015		
City & State		City & State				
St. Augustine, FL		St. Augustine, FL		6. FEI Number Applied For 474051638 Not Applied For		
Zip	Country	Zip	Country	7	TATUS DESIRED 55.00 for a G	Additional Fee required ertificate of status
32080	USA	32080	USA	CERTIFICATE OF S	IATUS DESIRED L	ertificate of status
	8. Name and Addr	ess of Current Registered Ag	ent	_		
Name Jontie Ha	ys					
Street Address (P.O. Box Number is Not Acceptable) Suite, 721 A1A Beach Blvd.						
Apt. #, Et. Suite 5	c.			100291719301 - 10/27/1601022016 **238.75		
City St. Augus	stine	State Zip Code 32080	10/21	, 10 010CC 0	10 www.coo.10	
9. I, being Signature o Registered		above named limited liability col		ccept the obligations o	Date	
10, Names	and Street Addresses of Authorized Rep	presentatives/Managers				
Titles	Name of Authorized Representati Managers	ves/	Street Address of Each Authorized Representative/ Manager		City / S	State / Zip
MGR	Jontie Hays	7:	721 A1A Beach Blvd, Suite 5		St. Augustin	ne, FL 32080
	REINSTAT	EMENT				WKES
					NO	√ - 2 A.M.
	2015			i	EXAN	MINER
11 E- mail A	Address: Jontie@comcast.ne	et				
		(To be use	d for future annual report notificat			
certify that 605.0012, F	that I am an authorized representative when filing this reinstatement applica F.S., and that all fees owed by the limithe same legal effect as if made under the same legal effect as if the same legal effec	tion the reason for dissolution b hited liability company have bee	has been eliminated, the limber paid. The information indic	ted liability company cated on this applicat	name satisfies the require ion is true and accurate, a	ement of section and my signature