

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000176321

1. Limited Liability Company's Name
Lifeisbien Therapeutic Services, PLLC

2. Principal Office Address - No P.O. Box #
217 Miracle Strip Parkway

Suite, Apt. #, etc.

City & State
Fort Walton Beach

Zip
32548

Country
US

3. Mailing Office Address
217 Miracle Strip Parkway

Suite, Apt. #, etc.

City & State
Fort Walton Beach

Zip
32548

Country
US

8. Name and Address of Current Registered Agent

Name
Sabrina Bivins

Street Address (P.O. Box Number is Not Acceptable) Suite,
611 Center Street

Apt. #, Etc.
7

City
Fort Walton Beach

State
FL

Zip Code
32548

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 09/29/2018

REGISTERED AGENT MUST SIGN

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
Am3C	Sabrina Bivins	611 Center Street #7	Fort Walton Beach, FL 32548

REINSTATEMENT

OCT 03 2018

R. HUNT

11. E-mail Address: Bivism@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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Sabrina Bivins

Date 9/29/2018

Daytime Phone # (850)396-2938

OCT -3 AM 2:06

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10/03/18--01022--002 **238.75

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 04/29/2016

6. FEI Number
81-3928568

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐