PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2016 SEP 29 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200290782252

CR2E041 (1/14)

DOCUMENT # M11000005386

1. Limited Liability Company's Name
Accomplish Therapy LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1665 PALM BEACH LAKES BLVD.		1665 PALM BEACH LAKES BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 102		Suite 102	
City & State		City & State	
West Palm Beach, FL		West Palm Beach, FL	
Zip	Country	Zip	Country
33401	USA	33401	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
10/26/11

6. FEI Number
27-2548236
☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION	FL	33324

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: Vicki Ann Owens — REGISTERED AGENT MUST SIGN

VickiAnn Owens
Special Assistant Secretary

Date 9/29/16

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	Debra Howe	1665PALM BEACH LAKES BLVD., SUITE 102	WEST PALM BEACH, FL 33401

REINSTATEMENT

SEP 29 2016
R. HUNT

11. E-mail Address: dhowe@advancedhsg.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: Debra Howe — Date 9/28/16 — Daytime Phone # 561-801-7584

Typed or printed name of signing Authorized Representative/Manager: Debra Howe, Manager

CT CORP SYSTEM C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

9/29/2016

ACCT: I20160000072

Name:	ACCOMPLISH THERAPY LLC
Document #:	
Order #:	

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:	Certified:	
REINSTATEMENT	Plain:	XX
	COGS:	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ UNKNOWN

RECEIVED
16 SEP 29 PM 3:33
SUNSHINE CORPORATE FILING

Thank you!

SEP 29 2016
R. HUNT