

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000308

1. Limited Liability Company's Name

Chapter By The Sea Behavioral Health System, LLC

2. Principal Office Address

3947 Salisbury Rd. N.

Suite, Apt. #, etc.

City & State

Jacksonville Fla.

Zip

32216

Country

Duval

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Ga.

5. Date Organized or Qualified
To Do Business in Florida

8/97

6. FEI Number

58-2298568

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

Wes Robbins, CEO

Street Address (P.O. Box Number is Not Acceptable)

3947 Salisbury Road, North

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

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

Wesley Roll

AGENT MUST SIGN

Date

11/1/99

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
Clinic Dir.	Ananda Kruger, MGR	3947 Salisbury Rd. N.	Jacksonville - Fla 32216
Dir of Adm. Svcs.	Kay Oplinger, MGR	2927 Demere Road	St. Simons Island GA 3155
CEO	Kevin Bierschenk, MGR	"	"
CEO	Wes Robbins, MGR	"	"

11. 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

Kay S. Oplinger

Date

11/1/99

Daytime Phone #

912-638-1999

Typed or printed name of signing Managing Member/Manager

Kay S. Oplinger