

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JAN -9 AM 10:58


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATE

CR2E041 (1/07)

07

COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # POS000003341

1. Limited Liability Company's Name

Trauma Loss Crisis Consulting Services, Inc

2. Principal Office Address - No P.O. Box #

3600 Forest Hill Blvd #4

Suite, Apt. #, etc.

Suite #4

City & State

West Palm Beach

Zip

FL

Country

Palm Bch

3. Mailing Office Address

3600 Forest Hill Blvd

Suite, Apt. #, etc.

Suite #4

City & State

West Palm Beach

Zip

FL

Country

Palm Beach

4. State/Country of Formation

FLORIDA / US

5. Date Organized or Qualified To Do Business In Florida

6. FEI Number

81-0661108

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

Rebecca Potter

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

3600 Forest Hill Blvd

Suite, Apt. #, Etc.

Suite #4

City

West Palm Beach

State

FL

Zip Code

33406

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Rebecca Potter

REGISTERED AGENT MUST SIGN

Date 11-28-07

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
P.	<u>Rebecca Potter</u>	<u>3600 Forest Hill Blvd #4 West Palm Bch, FL 33406</u>	<u>West Palm Bch, FL 33406</u>

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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

Rebecca Potter

Date 11-29-07

Daytime Phone# 561-965-9161

Typed or printed name of signing Managing Member/Manager

Rebecca Potter