

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2016 OCT 28 AM 4:34
DOCUMENT # M15000007827 1. Limited Liability Company's Name LLS PROJECT SERVICES, LLC				
2. Principal Office Address - No P.O. Box # 10 West Broad Street, Suite 2100 Suite, Apt. #, etc.		3. Mailing Office Address 10 West Broad Street, Suite 2100 Suite, Apt. #, etc.		CR2ED41 (1/14)
City & State Columbus, Ohio		City & State Columbus, Ohio		4. State/Country of Formation Ohio/USA
Zip Country 43215 USA		Zip Country 43215 USA		5. Date Organized or Qualified To Do Business in Florida 09/23/15
6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) Suite, 1200 SOUTH PINE ISLAND ROAD Apt. #, Etc.		6. FBI Number 47-4726259		Applied For ☐ Not Applicable
City PLANTATION		State Zip Code FL 33324		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status
8. 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 <u><i>Maura Reed</i></u> Assist Secretary Date <u>10/25/16</u> 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	
CFO	Jeff Blunt	1800 East 5th Avenue	Columbus, Ohio 43219	
REINSTATEMENT 2016				
11. E-mail Address: <u>Jeff.Blunt@Loebelectric.com</u> (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 <u><i>James G. Ryan</i></u> Date <u>10/25/16</u> Daytime Phone # <u>614-229-3247</u> Typed or printed name of signing authorized representative/member James G. Ryan				