

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR 16 AM 8:11

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

900030501519
03/16/04--01013--001 **205.00

DOCUMENT # L01000017694

1. Limited Liability Company's Name

L & H LLC

2. Principal Office Address

10119 Majestic Palm Cir ~~1000~~

Suite, Apt. #, etc.

#102

City & State

Riverview FL

Zip

33569

Country

USA

3. Mailing Office Address

10119 Majestic Palm Circle

Suite, Apt. #, etc.

#102

City & State

Riverview FL

Zip

33569

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

10/11/2001

6. FEI Number

593749816

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

NATE LANGE

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

10119 Majestic Palm Circle

Suite, Apt. #, Etc.

#102

City

Riverview

State

FL

Zip Code

33569

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

LT Lange

Date

03-07-04

REGISTERED AGENT MUST SIGN

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
Pres MGR	Jennifer L Creech	10119 Majestic Palm Circle #102	Riverview FL 33569
Vice Pres MGR	Nate Lange	10119 Majestic Palm Cir #102	Riverview FL 33569

REINSTATEMENT 2003-042

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

LT Lange

Date

03-07-04

Daytime Phone #

813-956-8697

Typed or printed name of signing Managing Member/Manager

NATE LANGE

CR2E041 (10/02)