


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**FILED**  
03 OCT 29 PM 5:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** 002 000017668

**1. Limited Liability Company's Name**

KRH Consulting, LLC

MJH

**2. Principal Office Address**

6465 Shoal Creek St. Cir.

Suite, Apt. #, etc.

**3. Mailing Office Address**

8347 Market St.

Suite, Apt. #, etc.

**City & State**

Bradenton, FL

Zip Country

34202 USA

**City & State**

Bradenton, FL

Zip Country

34202 USA

**4. State/Country of Formation**

FL

**5. Date Organized or Qualified  
To Do Business in Florida**

7/15/2002

**6. FEI Number**

☐ 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**

Karen R. Hafer

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

6465 Shoal Creek St. Circle

**Suite, Apt. #, Etc.**

700024261987

10/29/03--01075--002 \*\*\*10.00

**City**

Bradenton

**State**

FL

**Zip Code**

34202

**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**

Karen R. Hafer

REGISTERED AGENT MUST SIGN

**Date** 10/22/03

**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
MGR	Karen R. Hafer	6465 Shoal Creek St. Circle	Bradenton, FL 34202

**REINSTATEMENT 2003**

**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**

Karen R. Hafer

**Date** 10/22/03

**Daytime Phone #** 941-907-0229

**Typed or printed name of signing Managing Member/Manager**

Karen R. Hafer

CR20041 (10/02)