

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 20 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LD4000011483**

1. Limited Liability Company's Name
Lesh + Associates LLC

900181158749
05/20/10--01043--004 **277.50

CR2E041 (12/07)

| | | | |
|---|---------------------------|--|---------------------------|
| 2. Principal Office Address - No P.O. Box # 6090 S. Williamson Blvd | | 3. Mailing Office Address Same | |
| Suite, Apt. #, etc. 32128 | | Suite, Apt. #, etc. Same | |
| City & State Port Orange FL | | City & State Same | |
| Zip 32128 | Country Volusia | Zip 32128 | Country Volusia |

| | |
|--|--|
| 4. State/Country of Formation | |
| 5. Date Organized or Qualified To Do Business in Florida | |
| 6. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

8. Name and Address of Current Registered Agent

Name: **Norma Lesh**

Street Address (P.O. Box Number is Not Acceptable): **6090 S. Williamson Blvd**

Suite, Apt. #, Etc.: **Port Orange FL**

City: _____ State: **FL** Zip Code: **32128**

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: REGISTERED AGENT MUST SIGN

Date: **5/17/10**

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 |
|---|-----------------------------------|--|-----------------------------|
| OWNER | Charles Lesh | 6090 S. Williamson Blvd | Port Orange FL 32128 |
| Secretary | Norma Lesh | 6090 S. Williamson Blvd | Port Orange FL 32128 |
| L. SELLERS | | | |
| MAY 21 2010 | | | |
| EXAMINER (Fee Sent as agreed 277.50) | | | |
| REINSTATEMENT 09-2010 | | | |

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: Date: **5/17/10** Daytime Phone: **386-290-9488**

Typed or printed name of signing Managing Member/Manager: _____