PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L04000050838

1. Limited Liability Company's Name

LBH and Associates, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address	
7257 Mandarin Dr.		**4. State/Country of Formation** **FL**
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5. Date Organized or Qualified To Do Business in Florida** **7/8/2004**
City & State	City & State	**6. FEI Number** / Applied For
Boca Raton, FL		**51-0522496** / Not Applicable
Zip / Country	Zip / Country	**7.** CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status
33433		

8. Name and Address of Current Registered Agent

Name
Lisa Watt

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

7257 Mandarin Dr.

Suite, Apt. #, Etc.

City	State	Zip Code
Boca Raton	**FL**	**33433**

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 X *Lisa Watt*   Date   **2/6/2007**

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
MGRM	**Lisa Watt**	**7257 Mandarin Dr.**	**Boca Raton, FL 33433**

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REINSTATEMENT 06-07

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   X *Lisa Watt*   Date   **2/6/2007**   Daytime Phone #   **561-955-9083**

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