

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04 0000 66455

1. Corporation Name

LHS Investments LLC

2. Principal Office Address - No P.O. Box #

4723 B NW 53 Ave

Suite, Apt. #, etc.

B

City & State

Gainesville Florida

Zip

32653

Country

Alachua

3. Mailing Office Address

4723 B NW 53 Ave

Suite, Apt. #, etc.

B

City & State

Gainesville Florida

Zip

32653

Country

Alachua

7. Name and Address of Current Registered Agent

Name

Susan Armstrong PhD

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

4723 B NW 53 Ave

Suite, Apt. #, Etc.

B

City

Gainesville

State
FL

Zip Code

32653

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of

Registered Agent

Susan Armstrong PhD

(REGISTERED AGENT MUST SIGN)

Date 1-5-10

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

20 1594903

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The 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 reinstatement fee be waived.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	<u>Susan Armstrong</u>	<u>4723 B NW 53 Ave</u>	<u>Gainesville FL 32653</u>
Pres	<u>Susan Armstrong</u>	<u>4723 B NW 53 Ave</u>	<u>Gainesville FL 32653</u>
S	<u>Helen Cadiz</u>	<u>4723 B NW 53 Ave</u>	<u>Gainesville FL 32653</u>

REINSTATEMENT 2009-10

10. E-mail Address: [Signature]

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:

Susan Armstrong PhD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-5-10

Daytime Phone #

352 338 0164

FILED

10 JAN -8 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/08/10--01012--020 **750.00

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