

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000068360

1. Limited Liability Company's Name

Law & Associates, LLC.

600160933166
09/22/09--01031--003 **238.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 334 East Lake Road		3. Mailing Office Address	
Suite, Apt. #, etc. 299		Suite, Apt. #, etc.	
City & State Palm Harbor, FL		City & State	
Zip 34685	Country U.S.A.	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 09/17/2004	
6. FEI Number 050609148	<input 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 Craig A. Huffman		
Street Address (P.O. Box Number is Not Acceptable) 13680 Wright Cir.		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33626

☐ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

9/18/09

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	Thomas Law	334 East Lake Rd. ste. 299	Palm Harbor, FL 34685

REINSTATEMENT

2009

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 22 PM 02:27

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

[Signature]

Date

9-18-09

Daytime Phone #

727-4624-9692

Typed or printed name of signing Managing Member/Manager

Thomas Law

T. Hampton SEP 23 2009