## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  DOCUMENT # L0400073502  1. Limited Liability Company's Name C+H FLORIDA, LLC				FILED  08 JAN 16 PH 3: 24  SECRETAIN OF STATE TALLAHASSEE, FLORIDA		
2. Principal Office Address - No P.O. Box # 3. Mailing O 205 WORTH AVE. 205 U Suite, Apt. #,		NORTH AVE		CR2E041 (1/07)  4. State/Country of Formation  FLORIDA   U.SA  5. Date Organized or Qualified To Do Business in Florida   1   0   2   2   0   0		
City & State  PACM BEACH, FL  Zip  Country  USA	City & State PALM Zip 33480		-L. Intry USA	6. FEI Numbe 20-17	79142	Applied For Not Applicable  Additional Fee required or a Certificate of Status
Name and Address of Current Registered Agent  Name PATRICK J. CASEY  Street Address (P.O. Box Number is Not Acceptable)  515 NORTH FLACIER DRIVE  Suite, Apt. #, Etc. 516. 1900  City WEST PACE BEACH  State FL 33401  9. I, being appointed the registered agent of the provehamed limited liability company, am familiar with and Signature of				1/2/20		
10. Names and Street Addresses of Manager Titles Name of	<u> </u>		Street Address of Each		Date	to I Zio
MGR CAROLE KUYKENDALL		Managing Member/Manag		<del></del>	OKLA. CITY, OK	
MGIR C. H. KUYKENDALC		<del> </del>			OKLA. CITY, OK 7316	
REINSTATEMENT 06-07 015/11/08-					;0011486 11/08010431	0286 003 **300.00
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 filling 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  Date  Daytime Phone#  Daytime Phone#						