PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 NOV 29 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (11/09)

DOCUMENT # L04000073502

1. Limited Liability Company's Name
C+H FLORIDA, LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 3400 S. OCEAN BLVD | PO BOX 71 |
| Suite, Apt. #, etc. 3C1 | Suite Apt. #, etc |
| City & State PALM BEACH, FL | City & State PALM BEACH, FL |
| Zip 33480 Country USA | Zip 33480 Country USA |

4. State/Country of Formation FLORIDA-USA

5. Date Organized or Qualified To Do Business In Florida 10-08-04

6. FEI Number 201739142 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name PATRICK J. CASEY

Street Address (P.O. Box Number Is Not Acceptable) 515 N. FLAGLER DR.

Suite Apt. #, Etc. STE P900

City WEST PALM BEACH State FL Zip Code 33401

600167559146
11/23/10--01007--007 **138.75

600167559146
01/29/10--01039--006 **277.50

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 _____ Date January 22, 2010
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 |
|---|---|---|---|
| MGR | CAROLE KUYKENDALL | 4101 NW EXPRESSWAY 16304 | OKLA. CITY OK 73116 |
| MGR | C. H. KUYKENDALL | SAME | SAME |

REINSTATEMENT 09-10

L. SELLERS
DEC - 1 2010
EXAMINER

11. E-mail Address: CFKUYKENDALL@att.net
(To be used for future annual report notifications)

12. 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 1-18-10 Daytime Phone # 405-843-7053

Typed or printed name of signing Managing Member/Manager C H KUYKENDALL