PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 22 AM 9:14

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DOCUMENT # L06000042801

1. Limited Liability Company's Name
R&H, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6021 S. DIXIE HWY	6021 S. DIXIE HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH FL	City & State: WEST PALM BEACH, FL
Zip: 33405 Country: USA	Zip: 33405 Country: USA

4. State/Country of Formation: FL, USA

5. Date Organized or Qualified To Do Business in Florida: 4-24-2006

6. FEI Number: 20-4753843 ☐ 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: Rookmin Persaud

Street Address (P.O. Box Number is Not Acceptable): 4180 San Marino Blvd. Apt. #102

Suite, Apt. #, Etc.

City: West Palm Beach State: FL Zip Code: 33409-7722

☑ 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 _____ Date _____
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	ROOKMIN PERSAUD	4180 SAN MARINO BLVD ~~APT #102~~	WEST PALM BEACH FL. 33409-7722

2007-2009
REINSTATEMENT
W/O/P
- Ltr 9/22

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: Rookmin Persaud Date: 9/10/09 Daytime Phone #: 917-514-4417

Typed or printed name of signing Managing Member/Manager _____

Change RA to Mr Persaud Ltr