PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Secretary of State DIVISION OF CORPORATIONS DOCUMENT # LO 6000059748 1. Limited Liability Company's Name Life long Investment Solutions, LLC 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 4. State/Country of Formation Florida 5. Date/Country of Formation Florida 5. Date/Country of Formation Florida 5. Date/Country Of Formation Florida 7. CERTIFICATE OF STATUS DESIRED 5. Odd Additional Fear required to a Centification of Status Street Address (P.O. Box Number is Not Acceptable) 1. Londord 5. Street Address (P.O. Box Number is Not Acceptable) 1. Londord 5. Date Date Date Date Date Date Date Date
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 4. Mailing Office Address 5. Date Organized or Qualified 7. Mailing Office Address 5. Date Organized or Qualified 7. Mailing Office Address 6. Fel Nurgher 7. Mailing Office Address 7. Mailing Office Address 7. Mailing Office Address 7. Mailing Office Address 7. Mailing Offi
37911 Crownlake Blvd 4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 7. Do Business in Florida 7. CERTIFICATE OF STATUS DESIRED 8. Name and Address of Current Registered Agent Name Geoffey T. Lombard Street Address (P.O. Box Number is Not Acceptable) 14835 Donatello Ct Suite, Apt #, Etc. City Boaria Springs State FL 34(35) 9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Suite, Apt. #, etc. ## 245 City & State Bonita Springs, Fl. Bonita Springs, Fl. Bonita Springs, Fl. Bonita Springs, Fl. Country 2ip 34135 Reme and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14835 Suite, Apt. #, etc. ## 245 City & State Bonita Springs, Fl. Bonita Springs, Fl. Bonita Springs, Fl. Bonita Springs, Fl. CERTIFICATE OF STATUS DESIRED \$5.00 Auditional Fee require for a Certificate of Status To Do Business in Florida Applied For Not
The days and address of Current Registered Agent Solution City & State Country Cipy & State Country Cou
City & State Bonita Springs, Fl. Bonita Springs, Fl. 6. FEI Number 20-5063489 Applied For Not Applicable Zip 34135 B. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14835 Suite, Apt. #, Etc. City A State Zip Code FL 34135 State Zip Code FL 34135 State Zip Code FL 34135 9. I, being appointed the registered agent of the above naffed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Not Applicable Stochastic State
Street Address (P.O. Box Number is Not Acceptable) State Suite, Apt. #, Etc.
Name Geoffey T. Lombard Street Address (P.O. Box Number is Not Acceptable) 14835 Donatello Ct. Suite, Apt. #, Etc. City 130116 Springs State FL 34135 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. State FL 34135
Street Address (P.O. Box Number is Not Acceptable) 14835 Sonatello Ct. Suite, Apt. #, Etc. City 130116 Street Address (P.O. Box Number is Not Acceptable) 150116 Street Address (P.O. Box Number is Not Acceptable) 160116 Spring Spring Street Address (P.O. Box Number is Not Acceptable) 170116 Spring Spring Street Address (P.O. Box Number is Not Acceptable) 170116 Spring Spring Spring Street Address (P.O. Box Number is Not Acceptable) 170116 Spring Spring Spring Street Address (P.O. Box Number is Not Acceptable) 170116 Spring Spri
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Signature of U 11 T () 10
Signature of Registered Agent House Pate 2/24/10
REGISTERED AGENT MUST SIGN
10. Names and Street Addresses of Managing Members/Managers
Titles Name of Street Address of Each Managing Members/ Managers Street Address of Each Manager City / State / Zip
marin Geoffrey T. Lomburd 148 às Donatello Ct. Bonita Springs, Fl. 34135
600171036926 03/19/1001001025 **277.50
03719/1001001025 **277.50
11. E-mail Address: lombard@fuse.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 234110 Daytime Phone # 339-405-4600