

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06000059748**

1. Limited Liability Company's Name
Lifelong Investment Solutions, LLC

FILED
10 MAR 18 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600171036926
03/02/10--01041--011 **238.75
CR2E041 (11/09)

| | | | |
|--|-----------------------|---|-----------------------|
| 2. Principal Office Address - No P.O. Box # 27911 Crownlake Blvd | | 3. Mailing Office Address 27911 Crownlake Blvd. | |
| Suite, Apt. #, etc. # 245 | | Suite, Apt. #, etc. # 245 | |
| City & State Bonita Springs, Fl. | | City & State Bonita Springs, Fl. | |
| Zip 34135 | Country Lee | Zip 24135 | Country Lee |

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|--|--|
| 4. State/Country of Formation Florida | |
| 5. Date Organized or Qualified To Do Business in Florida 11-2006 | |
| 6. FEI Number 20-5063489 | 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 **Geoffrey T. Lombard**

Street Address (P.O. Box Number is Not Acceptable)
14825 Donatello Ct.

Suite, Apt. #, Etc.

City **Bonita Springs** State **FL** Zip Code **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.

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 **Geoffrey T. Lombard** Date **2/24/10**

REGISTERED AGENT MUST SIGN

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|-------------|-----------------------------------|--|----------------------------------|
| mgrm | Geoffrey T. Lombard | 14825 Donatello Ct. | Bonita Springs, Fl. 34135 |
| | | | |
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| | | | |
| | | | |

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03/19/10--01001--025 **277.50

REINSTATEMENT 08-10
DB

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 **Geoffrey T. Lombard** Date **2/24/10** Daytime Phone # **239-405-4600**

Typed or printed name of signing Managing Member/Manager **Geoffrey T. Lombard**