

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 26 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200158242502
02/23/10--01020--020 **138.75
200168242502
02/08/10--01062--015 **382.50
CR2E041 (11/09)

DOCUMENT # L06000092263

1. Limited Liability Company's Name

LH Bookkeeping Services LLC

2. Principal Office Address - No P.O. Box #

2155 BROADPOINT DR

Suite, Apt. #, etc.

3. Mailing Office Address

2155 BROADPOINT DR.

Suite, Apt. #, etc.

City & State

PUNTA GORDA FL
Zip 33983 Country US

City & State

PUNTA GORDA FL
Zip 33983 Country US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2007

6. FEI Number

20-8265378

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
LINDA HUMPHREYS

Street Address (P.O. Box Number is Not Acceptable)
2155 BROADPOINT DR.

Suite, Apt. #, Etc.

City
PUNTA GORDA

State
FL

Zip Code
33983

☐ 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 Linda Humphreys
REGISTERED AGENT, MUST SIGN

Date 2/6/10

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
<u>MR</u>	<u>LINDA HUMPHREYS</u>	<u>2155 BROADPOINT DR</u>	<u>PUNTA GORDA, FL 33983</u>

11. E-mail Address: linahumphreys@qnxil.com

(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 Linda Humphreys

Date

2/6/10

Daytime Phone #

(941) 629-7938

Typed or printed name of signing Managing Member/Manager

LINDA HUMPHREYS