

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
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DIVISION OF CORPORATIONS

11 APR 29 PM 1:46

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000001723

1. Limited Liability Company's Name

SLBH, LLC

400205901924
04/29/11--01008--017 **546.25

CR2E041 (1/11)

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

630 Fairview Road

Suite, Apt. #, etc.

Ste. 205

City & State

Swarthmore, PA

Zip
19081

Country
USA

3. Mailing Office Address

630 Fairview Road

Suite, Apt. #, etc.

Ste. 205

City & State

Swarthmore, PA

Zip
19081

Country
USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

05/27/2003

6. FEI Number

11-3690590

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

NRAI Services, Inc.

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

515 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

strine@comcast.net

(To be used for future annual report notices)

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

[Signature]

Date

4-28-11

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
MGRM	Walter M. Strine, Jr.	630 Fairview Road, Ste. 205	Swarthmore, PA 19081
MGRM	William B. Strine	630 Fairview Road, Ste. 205	Swarthmore, PA 19081
MGRM	Todd M. Strine	630 Fairview Road, Ste. 205	Swarthmore, PA 19081

REINSTATEMENT 2009-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 28 Apr 2011

Daytime Phone #

610 541 4455

Typed or printed name of signing Managing Member/Manager

Walter M Strine, Jr.