PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 MAR 17 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000004745

1. Limited Liability Company's Name
Research Horizons, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6423 Montgomery Street	6423 Montgomery Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 12	Suite 12
City & State	City & State
Rhinebeck, NY	Rhinebeck, NY
Zip / Country	Zip / Country
12572 / USA	12572 / USA

4. State/Country of Formation
Delaware / New Castle

5. Date Organized or Qualified To Do Business in Florida 10/29/2004

6. FEI Number
54-2065920
☐ 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
Sterling Research Group

Street Address (P.O. Box Number is Not Acceptable) Suite
150 Second Avenue

Apt. #, Etc.
Suite 600

City: St. Petersburg
State: FL
Zip Code: 33701

400283498724

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 3/15/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Allen DeCotiis	6423 Montgomery Street, Suite 12	Rhinebeck, NY 12572

REINSTATEMENT
2013 – 2016

11. E-mail Address Elizabeth.Trachte@phoenixmi.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member _____ Date 3/15/16 Daytime Phone # 845-876-1981

Typed or printed name of signing authorized representative/member _____

PLEASE FILE FIRST. DO NOT SEPARATE. THANKS!

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 062537 4365014

AUTHORIZATION : [signature]

COST LIMIT : $ 655.00

ORDER DATE : March 15, 2016

ORDER TIME : 9:56 AM

ORDER NO. : 062537-005

CUSTOMER NO: 4365014

RECEIVED 16 MAR 17 PM 12:09

REINSTATEMENT

NAME: RESEARCH HORIZONS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS ________