PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 OCT 28 AM 4:34

DOCUMENT # M15000007627

1. Limited Liability Company's Name
LLS PROJECT SERVICES, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10 West Broad Street, Suite 2100	10 West Broad Street, Suite 2100
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Columbus, Ohio	City & State: Columbus, Ohio
Zip: 43215 Country: USA	Zip: 43215 Country: USA

4. State/Country of Formation: Ohio/USA

5. Date Organized or Qualified To Do Business in Florida: 09/23/15

6. FEI Number: 47-4726259 ☐ 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) Suite,: 1200 SOUTH PINE ISLAND ROAD

Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

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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: Marina Reel Assist Secretary Date: 10/25/16
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
CFO	Jeff Blunt	1800 East 5th Avenue	Columbus, Ohio 43219
	REINSTATEMENT		
	2016		

11. E-mail Address: Jeff.Blunt@Loebelectric.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: [signature] Date: 10/25/16 Daytime Phone #: 614-229-3247

Typed or printed name of signing authorized representative/member: James G. Ryan