

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : 120020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
WK INDUSTRIAL SERVICES CORP.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$750.00

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Corporate Filing Menu

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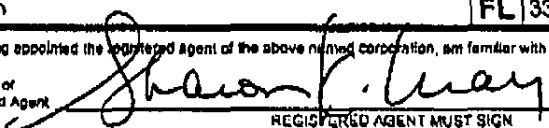
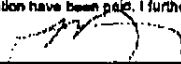
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DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMI

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02000004220			
1. Corporation Name WK INDUSTRIAL SERVICES CORP.			
2. Principal Office Address - No P.O. Box # 9365 Industrial Trace Suite, Apt. #, etc.		3. Mailing Office Address 9365 Industrial Trace Suite, Apt. #, etc.	
City & State Alpharetta, GA		City & State Alpharetta, GA	
Zip 30005	Country USA	Zip 30005	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 08/20/2002			
5. FEI Number 58-2453652		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name NRAI Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive			
Suite, Apt. #, Etc. Suite 4			
City Weston		State FL	Zip Code 33331
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  Date 10/29/2010 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jahn-Held Wolfgang	9365 Industrial Trace	Alpharetta, GA 30004
V	Marcus Daiber	9365 Industrial Trace	Alpharetta, GA 30004
10. E-mail Address: jbadon@triadpros.com (To be used for future annual report notification)			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:  11/1/2010 770 836-7557 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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