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 : I20020000094
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
Page Count	01
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

B 11/1/10

REINSTATEMENT

CR2E081 (6/10)

DOCUMENT # F02000004220

1. Corporation Name
WK INDUSTRIAL SERVICES CORP.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9365 Industrial Trace	9365 Industrial Trace
Suite, Apt. #, etc.	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 ☐ $8.75 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: Sharon F. Neary 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 770 356 7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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