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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000016051

Name and Mailing Address

0008142 01 AT 0.292 **AUTO TO 0 0615 33305-341733



CF EMPLOYMENT STRATEGIES, LLC
1633 NE 17 AVENUE
FORT LAUDERDALE FL 33305-3417



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/19/2001	
Principal Place of Business 1633 NE 17 AVENUE FORT LAUDERDALE FL 33305	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1143293	Applied For Not Applicable
8. Name and Address of Current Registered Agent FITZGERALD, JOHN 1633 NE 17 AVENUE FORT LAUDERDALE FL 33305		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

CR2E084 (7/03)

10. 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 REQUIRED** _____ Date _____
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	FITZGERALD, JOHN	1633 NE 17 AVENUE	FORT LAUDERDALE FL 33305

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11/03/03--01003-014 **150.00

REINSTATEMENT 03
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12. 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.
Signature of Managing Member/Manager _____ **SIGNATURE REQUIRED** _____ Date 10/28/03 Daytime Phone # 954 536 0063
Typed or printed name of signing Managing Member/Manager _____