
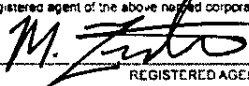
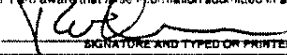
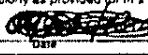


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 15 FEB 17 PM 4: 53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F13000002920					
1. Corporation Name  ELEVATE HR, INC.					
2. Principal Office Address - No P.O. Box # 1055 PARSIPPANY BLVD			3. Mailing Office Address 1055 PARSIPPANY BLVD		
State, Apt. #, etc. STE 511			State, Apt. #, etc. SUITE 511		
City & State PARSIPPANY, NJ			City & State PARSIPPANY, NJ		
Zip 07054		Country MORRIS		Zip 07054	
				Country MORRIS	
4. Date incorporated or Qualified To Do Business in Florida 07-08-2013					
5. FEI Number 27-1329994				Approved 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					
CORPORATION SERVICE COMPANY					
Street Address (P.O. Box Number if Not Acceptable) 1201 HAYS ST					
State, Apt. #, Etc.					
City TALLAHASSEE				State FL	
				Zip Code 32301	
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				Melissa Zender Asst. Vice President	
				Date 12/17/15	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	DAVID M. ERICKSON	1055 PARSIPPANY BLVD STE 511		PARSIPPANY, NJ 07054	
VP/D	LUCY ROSENDAHL	1055 PARSIPPANY BLVD STE 511		PARSIPPANY, NJ 07054	
D	JOHN MARTINSON	1055 PARSIPPANY BLVD STE 511		PARSIPPANY, NJ 07054	
10. E-mail Address: accounting@elevate-hr.com (To be used for future annual report notifications)					
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., and 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. 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. 617.155, F.S.					
SIGNATURE:				Sept 21, 2016  973917321	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

400280217254

DEC 17 2015  
MILLIAMS

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

ACCOUNT NO. : I20000000195  
REFERENCE : 785389 7882778  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$900.00

ORDER DATE : September 15, 2015  
ORDER TIME : 3:47 PM  
ORDER NO. : 785389-075  
CUSTOMER NO: 7882778

REINSTATEMENT

NAME: ELEVATE HR, INC.

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 \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
15 DEC 17 PM 4:28  
NOT PRESENTED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING