

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 12 PM 1:37

DOCUMENT # L 00000002989

1. Limited Liability Company's Name

Human Capital Intelligence

2. Principal Office Address

2901 FOREST CLUB

3. Mailing Office Address

P.M.B #234

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 112-1

1701 S. ALEXANDER

City & State

PLANT CITY FL

City & State

PLANT CITY FL

Zip

33567

Country

USA

Zip

33567

Country

USA

4. State/Country of Formation

FLORIDA/HILLSBOROUGH

5. Date Organized or Qualified  
To Do Business in Florida

3/17/00

6. FEI Number

59-3630194

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

SUSAN K. RIDER

300004729363-1

Street Address (P.O. Box Number is Not Acceptable)

2901 FOREST CLUB DR

-12/17/01--01093--007

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

City

PLANT CITY

State  
FL

Zip Code

33567

9. 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

Susan K. Rider

Date 12/9/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SUSAN K. RIDER	2901 FOREST CLUB	PLANT CITY FL 33567
MGRM	JOHNNIE C. BREED	9766 Green Island Cove	WINDERMERE FL 34786
			Ruin 100
			VBR 50
			150.
			nc

REINSTATEMENT 2001

11. 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

Susan K. Rider

Date 12/9/01

Daytime Phone # 813-598-8742

Typed or printed name of signing Managing Member/Manager