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AL

LIMITED LIABILITY REINSTATEMENT

WORK STEPS OF OCALA, L.L.C.

Certificate of Status	1
Certified Copy	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L00000010004

1. Limited Liability Company's Name

Work Steps of Ocala, L.L.C.

2. Principal Office Address	3. Mailing Office Address
3405 SW College Road	3405 SW.College Road
Suite, Apt. #, etc. Suite 217	Suite, Apt. #, etc. Suite 217
City & State Ocala, Florida	City & State Ocala, Florida
Zip 34474 Country USA	Zip 34474 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: August 18, 2000

6. FEI Number: 59-3665087 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ [illegible] Certificate of Status

8. Name and Address of Current Registered Agent

Name: Sue Rosin

Street Address (P.O. Box Number is Not Acceptable): 3405 SW College Road

Suite, Apt. #, Etc.: Suite 217

City: Ocala | State: FL | Zip Code: 34474

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: X SueRosin Date: 10/12/01

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	Sue Rosin	3405 SW College Road, #217	Ocala, Florida 34474
Mgr	Montel L. Guerrette	3405 SW College Road, #217	Ocala, Florida 34474

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: X SueRosin Date: 10/12/01 Daytime Phone # 352-854-9870

Typed or printed name of signing Managing Member/Manager: Sue Rosin, Manager

CR2E080 (01/00)