

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000016031

1. Limited Liability Company's Name
Work Holdings, LLC

2. Principal Office Address
P.O. Box 9536

Suite, Apt. #, etc.

City & State
Tampa, Florida

Zip Country
33674-9536 U.S.

3. Mailing Office Address
P.O. Box 9536

Suite, Apt. #, etc.

City & State
Tampa, Florida

Zip Country
33674-9536 U.S.

FILED

2004 MAR 25 PM 1:05

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

200032083432

04/07/04--01015--002 **250.00

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 9-19-01

6. FEI Number 59-3745216

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
William A. Brown

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

Suite, Apt. #, Etc.

City
Tampa

State Zip Code
FL 33604

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 William A. Brown

Date 3-22-04

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 |
|------------|--------------------------------------|---|-----------------------------|
| <u>MEM</u> | <u>William A. Brown</u> | <u>106 West Stanley Street</u> | <u>Tampa, Florida 33604</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2002-04

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 William A. Brown

Date 3-22-04

Daytime Phone# 813-238-6100

Typed or printed name of signing Managing Member/Manager William A. Brown

CR20041 (10/02)