

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 10 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000015674

1. Limited Liability Company's Name

Hire Results, LLC.

2. Principal Office Address

19208 Dove Creek Drive

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33647

Country

USA

3. Mailing Office Address

19208 Dove Creek Drive

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33647

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

6/21/2002

6. FEI Number

81-0560332

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

Nick Trautman

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

19208 Dove Creek Drive

Suite, Apt. #, Etc.

City

Tampa

600036931776

05/19/04--01053--003 **200.00

000036931810

05/19/04--01053--004 **5.00

State
FL

Zip Code
33647

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

REGISTERED AGENT MUST SIGN

Date 5/6/2004

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
MGRM	Nick Trautman	19208 Dove Creek Drive	Tampa, Florida 33647

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

Date 5/6/2004

Daytime Phone # 813-363-5623

Typed or printed name of signing Managing Member/Manager Nick Trautman

CR20041 (10/02)