

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 25 AM 9:12

DOCUMENT # L02000021204

1. Limited Liability Company's Name

Specialzed Personnel Locators, LLC

100086748211
01/31/07--01011--006 **\$300.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

2247 Yorville Ct.

3. Mailing Office Address

2247 Yorville Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocoee, FL

City & State

Ocoee, FL

Zip
34761

Country
USA

Zip
34761

Country
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

August 19, 2002

6. FEI Number

41-2065465

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

Kendall Thomsen

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

2247 Yorville Ct.

Suite, Apt. #, Etc.

City
Ocoee

State
FL

Zip Code
34761

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Kendall Thomsen

Date January 19, 2007

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
MGRM	Kendall Thomsen	2247 Yorville Ct.	Ocoee, Florida 34761
MGR	Keith Wilson	336 Forest St.	Windermere, FL 34786

04-02

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

Kendall Thomsen

Date 01/19/07

Daytime Phone # (407) 928-3056

Typed or printed name of signing Managing Member/Manager

Kendall Thomsen