

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

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DOCUMENT # L02000021204

1. Limited Liability Company's Name

Specialized 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 <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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