

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 MAR 23 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000031891

1. Limited Liability Company's Name

WORK DRIVE LLC

CR2E041 (8/05)

2. Principal Office Address

6601 BAYSHORE ROAD

Suite, Apt. #, etc.

City & State

N. FT. MYERS, FL 33917
US

Zip

33917

Country

US

3. Mailing Office Address

6601 BAYSHORE RD

Suite, Apt. #, etc.

City & State

N. FT. MYERS FL 33917
US

Zip

33917

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/25/03

6. FEI Number

562400522

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

PRITCHETT, RICHARD H III

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

6601 BAYSHORE RD

Suite, Apt. #, Etc.

City

N. FT. MYERS

State
FL

Zip Code
33917

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

Date 3/14/06

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
MANAGER	PRITCHETT, RICHARD H. III	6601 BAYSHORE RD	N. FT. MYERS, FL 33917
			700069051227 03/30/06--01038--022 **200.00

REINSTATEMENT

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 3/14/06

Daytime Phone # 239-543-3434

Typed or printed name of signing Managing Member/Manager

RICHARD H. PRITCHETT, III