LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 14 AM 8: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L04000021567

1. Limited Liability Company's Name

Alligator Staffing & Labor Services LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	
3773 W. 5th Avenue		**4.** State/Country of Formation Florida
Suite, Apt. #, etc. 3rd Floor	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida 3/19/2004
City & State Post Falls, ID	City & State	**6.** FEI Number 05-0598765 — ☐ Applied For ☐ Not Applicable
Zip 83854	Country USA	Zip	Country	**7.** CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive,

Suite, Apt. #, Etc.
Suite 4

City Weston	State FL	Zip Code 33331

☑ 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.

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04/15/09--01002--032 **138.75

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 _Melinda Reice, assistant secretary_   Date _4-9-09_
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	Glenn Welstad	3773 W. 5th Avenue	Post Falls, ID 83854
MGR	Judith L. Kabrick	3773 W. 5th Avenue	Post Falls, ID 83854
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	REINSTATEMENT 2007-2009		
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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 _[signature]_   Date _4/2/09_   Daytime Phone # _208-773-7450 ext 4111_

Typed or printed name of signing Managing Member/Manager   Judith L. Kabrick