

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 AUG -3 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000016833

1. Limited Liability Company's Name

**US Payroll Partners LLC**

500183904065  
08/02/10--01054--012 \*\*798.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # <b>13651 Bromley Point Drive</b>		3. Mailing Office Address <b>13651 Bromley Point Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>	
Zip <b>32225</b>	Country <b>USA</b>	Zip <b>32225</b>	Country <b>USA</b>

4. State/Country of Formation <b>Florida/USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>February 17, 2005</b>	
6. FEI Number <b>27-0108257</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <b>David McAllister</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>13651 Bromley Point Drive</b>			
Suite, Apt. #, Etc.			
City <b>Jacksonville</b>	State <b>FL</b>	Zip Code <b>32225</b>	

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 <i>David McAllister</i>	Date <b>7/28/10</b>
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	<b>David McAllister</b>	<b>13651 Bromley Point Drive</b>	<b>Jacksonville, FL 32225</b>
MGRM	<b>Robert Basso</b>	<b>3 Carley Avenue</b>	<b>Huntington, NY 11743</b>
MGRM	<b>Marty Lanz</b>	<b>1326 Paine Road</b>	<b>Hewlett Bay Park, NY 11557</b>
<b>REINSTATEMENT 06-10</b>			

11. E-mail Address <b>dmcallister@aol.com</b> (To be used for future annual report notifications)	
12. 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 <i>David McAllister</i>	Date <b>7/28/10</b> Daytime Phone # <b>(904) 514-2661</b>
Typed or printed name of signing Managing Member/Manager <b>David McAllister</b>	