

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000025498

1. Limited Liability Company's Name

**WORD FOR WORD PROFESSIONAL SERVICES,
LLC**

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

6561 KATHERINE RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip

33413

Country

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

3/14/05

6. FEI Number

20-2718708

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status
\$10.00 to add

8. Name and Address of Current Registered Agent

Name

EDWARD FLAXMAN

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

226 SW LANGFIELD AVE

Suite, Apt. #, etc.

City

PORT ST LUCIE,

State

FL

Zip Code

34984 4025

☒ 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 jurisdiction of Chapter 608, F.S.

Signature of
Registered Agent

Edward Flaxman

Date

4/14/08

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	LINDA PINTACUDA	6561 KATHERINE RD	WEST PALM BEACH, FL 33413

REINSTATEMENT

2007-2008

800124379038

07/29/00 01005 016 **138.75

800124379038

04/18/05 01046 001 **138.75

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 meets the requirements of section 608.405, 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

Linda Edwards Pintacuda

Date

4/14/2008

Daytime Phone #

561-358-4277

Typed or printed name of signing Managing Member/Manager

LINDA EDWARDS PINTACUDA