

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 JUL 23 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000025498

1. Limited Liability Company's Name

WORD FOR WORD PROFESSIONAL SERVICES, LLC

CR2E1 2/0

2. Principal Office Address - No P.O. Box # 6561 KATHERINE RD		3. Mailing Office Address	
Suite, Apt. #, etc.		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 <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 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 provisions of Chapter 608, F.S.

Signature of Registered Agent: *Edward Flaxman* Date: *7/14/08*

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
07/29/08 01005 016 **138.75

800124379038
04/18/08 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**