

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 MAR 10 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000026677**

1. Limited Liability Company's Name

PROWORK, LLC

100171548231
03/08/10--01083--018 **560.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
7416 CORKWOOD TERRACE
Suite, Apt. #, etc.

3. Mailing Office Address
7416 CORKWOOD TERRACE
Suite, Apt. #, etc.

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida **03/15/2005**

City & State
TAMARAC, FLORIDA

City & State
TAMARAC, FLORIDA

Zip Country
33321 USA

Zip Country
33321 USA

6. FEI Number **14-1955283**
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
RICARDO ALONSO

Street Address (P.O. Box Number is Not Acceptable)
7416 CORKWOOD TERRACE

Suite, Apt. #, Etc.

City
TAMARAC

State Zip Code
FL 33321

☒ 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 obligations of Chapter 608, F.S.

Signature of Registered Agent **RA**
REGISTERED AGENT MUST SIGN

Date **03-04-10**

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
MGR	RICARDO ALONSO	7416 CORKWOOD TERRACE	TAMARAC / FL / 33321

REINSTATEMENT

2007-10

S. HAWKES

MAR 11 2010

EXAMINER

11. E-mail Address: **RAPROWORK@HOTMAIL.COM**

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 **RA**

Date **03-04-10** Daytime Phone # **786-487-7016**

Typed or printed name of signing Managing Member/Manager **RICARDO ALONSO**