

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 APR 14 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000026595

1. Limited Liability Company's Name

Workers' Comp Solutions LLC

700149163277
04/08/09--01003--015 **416.25
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
3400 S. Tamiami Trail

3. Mailing Office Address
PO Box 25897

Suite, Apt. #, etc.
Ste 302

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip Country
34239 USA

Zip Country
34277 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 03/16/2006

6. FEI Number
20-4494485

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
Forrest J Harris

Street Address (P.O. Box Number is Not Acceptable)
3400 S. Tamiami Trail

Suite, Apt. #, Etc.
Ste 302

City
Sarasota

State Zip Code
FL 34239

☒ 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

REGISTERED AGENT MUST SIGN

Date

3/31/09

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	Tamatha M. Bigness	3400 S. Tamiami Trail; Ste 302	Sarasota, FL 34239
MGRM	Kim Harris	3400 S. Tamiami Trail; Ste 302	Sarasota, FL 34239

REINSTATEMENT 07-69

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

Date

3/30/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager