

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000056269

1. Limited Liability Company's Name

MINORITYHIRINGPLACE.COM, LLC

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

113 N. REUS ST

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32501

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA, U.S.

**5. Date Organized or Qualified
To Do Business in Florida**

6-1-06

6. FEI Number

20-4992677

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

Corporation Service Company

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

1201 HAYS Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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**

**Matthew Young
as its agent**

Date 3/17/09

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
MR.	JOHN A. BIGSBY	113 N. REUS ST.	PENSACOLA, FL 32502

REINSTATEMENT

2008-2009

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 3-11-09

Daytime Phone # (850) 791-0735

Typed or printed name of signing Managing Member/Manager

JOHN A. BIGSBY



CORPORATION SERVICE COMPANY

L 06000056269

ACCOUNT NO. : 072100000032

REFERENCE : 927513 7536819

AUTHORIZATION :

Lyndee

COST LIMIT : \$ 277.50

ORDER DATE : March 17, 2009

ORDER TIME : 4:12 PM

ORDER NO. : 927513-005

CUSTOMER NO: 7536819

FILED
09 MAR 18 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: MINORITYHIRINGPLACE.COM, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young - Ext# 2962

EXAMINER'S INITIALS

BK

RECEIVED
09 MAR 18 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA