2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 24, 2008
Secretary of State

DOCUMENT# L07000119408

Entity Name: ENTER YOUR HOURS, LLC

Current Principal Place of Business:

6265 INDIAN FOREST CIRCLE
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

6265 INDIAN FOREST CIRCLE
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 26-1487836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AARON, KORFF S
6265 INDIAN FOREST CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AARON KORFF

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	AARON, KORFF S	
Address:	6265 INDIAN FOREST CIRCLE	
City-St-Zip:	LAKE WORTH, FL 33463 US	
Title:	MGRM	( ) Delete
Name:	SHALOM, KORFF S	
Address:	6265 INDIAN FOREST CIRCLE	
City-St-Zip:	LAKE WORTH, FL 33463 US	
Title:	MGRM	( ) Delete
Name:	MARCIO, FORNAZIERI	
Address:	RUA FRANCISO RUDOF, 140 – VILA HELENA	
City-St-Zip:	SANTO ANDRÉ, SP 09175-720 BR	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AARON KORFF MGRM 10/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date