

From:

02/08/2010 11:45

#805 P.003/009

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L08000000063

1. Limited Liability Company's Name  
REACH THEM NOW, LLC

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

55 WESTON RD.

Suite, Apt. #, etc.

SUITE 201

City & State

WESTON, FL

Zip Country

33326

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

FILED  
10 FEB 12 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
500168752265  
02715/10--01027--008 \*\*416.25  
CR2E041 (11/09)

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 12/31/2007

6. FEI Number 26-1645742  
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

JEFFREY DOWLING

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

55 WESTON RD.

Suite, Apt. #, Etc.

201

City State Zip Code

WESTON FL 33326

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 [Signature] Date 2/8/10  
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
mg m	JEFFREY DOWLING	11711 OAKLAND HILLS PLACE	CHARLOTTE, NC 28272

REINSTATEMENT 08-10

11. E-mail Address: jdowling@trackstaff.com  
(To be used for future annual report notifications)

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 [Signature] Date 2/8/10 Daytime Phone # 954-647-9949  
Typed or printed name of signing Managing Member/Manager JEFFREY DOWLING, SOLE MEMBER