

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

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 33326		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
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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 <input type="checkbox"/> \$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
WESTON
State
FL
Zip Code
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