

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 JUL -1 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L08000064313

1. Limited Liability Company's Name

WORKERS REALTY, LLC

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

5025 West Lemon Street

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip

33609

Country

USA

3. Mailing Office Address

5025 West Lemon Street

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip

33609

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

July 01, 2008

6. FEI Number

26-2940521

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

Kenneth J. Snyder

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

5025 West Lemon Street

Apt. #, Etc.

Suite 200

City

Tampa

State

FL

Zip Code

33609

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Date June 14, 2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR- A	Kenneth J. Snyder	5025 West Lemon Street, Suite 200	Tampa, FL 33609
AR- A	Thomas J. Bean and Regina Hunter Be	5025 West Lemon Street, Suite 200	Tampa, FL 33609
AR- A	Joseph M. Lang	5025 West Lemon Street, Suite 200	Tampa, FL 33609

11. E-mail Address ksnyder@hr-properties.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

June 14, 2016

Daytime Phone #

813-714-0018

Typed or printed name of signing authorized representative/member

Kenneth J. Snyder, AR- A

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