


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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DOCUMENT # **L08000096538**

1. Limited Liability Company's Name

3D Manpower Delivery Service LLC

FILED

11 APR -8 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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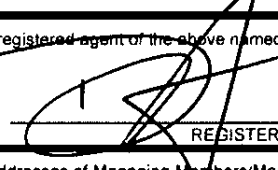
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04/08/11--01056--012 **382.50
CR2E041 (7/11)

2. Principal Office Address - No P.O. Box # 5015 Scarsdale Manor Lane Suite, Apt. #, etc. N/A		3. Mailing Office Address P.O. Box 607672 Suite, Apt. #, etc. N/A	
City & State Orlando		City & State Orlando	
Zip 32818	Country U.S.A.	Zip 32860-7672	Country U.S.A.

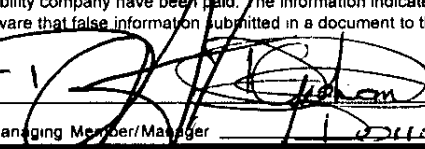
4. State/Country of Formation Florida / U.S.A.	
5. Date Organized or Qualified To Do Business in Florida 10/10/08	
6. FEI Number 263526610	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Devon Graham			
Street Address (P.O. Box Number is Not Acceptable) 5015 Scarsdale Manor Lane			
Suite, Apt. #, Etc.			
City Orlando	State FL	Zip Code 32818	

E-mail Address: REINSTATEMENT 10-11 3Dmanpowerdelivery@gmail.com (To be used for future annual report notices)

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 	Date 4/5/11
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
Owner	Devon Graham	5015 Scarsdale Manor Lane	Orlando FL 32818
mgr.	Doraine Graham	5015 Scarsdale Manor Lane	Orlando FL 32818

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. 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 Managing Member/Manager 	Date 4/5/11 Daytime Phone # 407 694 5438
Typed or printed name of signing Managing Member/Manager Doraine Graham	