PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 MAR 15 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 13000018592

1. Limited Liability Company's Name

Spectrum Work Associates LLC

W16-116569

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2072 Harbor Lane	2072 Harbor Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples FL
Zip: 34104 Country: USA	Zip: 34104 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 2/5/2016

6. FEI Number: 46-2076856 ☐ 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: Dominic Cotugno

Street Address (P.O Box Number is Not Acceptable) Suite,: 2072 Harbor Lane

Apt. #, Etc.:

City: Naples State: FL Zip Code: 34104

400282826364
03/15/16--01012--012 **138.75

400282826364
03/01/16--01027--005 **382.50

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 2/27/2016

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
Pres	Dominic Cotugno	2072 Harbor Lane	Naples FL 34104

REINSTATEMENT

MAR 15 2016

R. HUNT

11. E-mail Address: cotugnod@gmail.com DOM@SPECTRUMWORKASSOCIATES.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 2/27/16 Daytime Phone # 732-735-0846

Typed or printed name of signing authorized representative/member Dominic Cotugno

Check # 1516 2/27/16