

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000007199

1. Limited Liability Company's Name
Evolutions IT Staffing, LLC

15 OCT - 2 AM 10:38

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 301 Palm Key Circle		3. Mailing Office Address 301 Palm Key Circle	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 203	
City & State Brandon, FL		City & State Brandon, FL	
Zip 33511	Country USA	Zip 33511	Country U.S.A.
8. Name and Address of Current Registered Agent			
Name <u>Brittani Lombardo</u>			
Street Address (P.O. Box Number is Not Acceptable) Suite, <u>301 Palm Key Circle #203</u>			
Apt. #, Etc.			
City <u>Brandon</u>		State FL	Zip Code <u>33511</u>

4. State/Country of Formation FL, U.S.A.	
5. Date Organized or Qualified To Do Business in Florida 1/13/2014	
6. FEI Number 47-2589063	<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	

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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

Brittani Lombardo

REGISTERED AGENT MUST SIGN

Date 09/29/15

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
MGRM	Brittani Lombardo	301 Palm Key Circle Apt 203	Brandon FL 33511
REINSTATEMENT			OCT 02 2015 R. HUNT

11. E-mail Address: britt@eitstaffing.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

Brittani Lombardo

Date

09/29/15

Daytime Phone #

314-583-4121

Typed or printed name of signing authorized representative/member