

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 31 AM 10:13

DOCUMENT # L99000006333

1. Limited Liability Company's Name

Workforce Solutions I, LLC.

2. Principal Office Address

9300 West Bay Harbor Drive

Suite, Apt. #, etc.

4-B

City & State

Bay Harbor Islands, Florida

Zip

33154

Country

USA

3. Mailing Office Address

9300 West Bay Harbor Drive

Suite, Apt. #, etc.

4-B

City & State

Bay Harbor Islands, Florida

Zip

33154

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1999

6. FEI Number 65-0951557

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-05

8. Name and Address of Current Registered Agent

Name

Charles E. Wallace

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

9300 West Bay Harbor Drive

Suite, Apt. #, Etc.

4-B

City

Bay Harbor Islands

State
FL

Zip Code
33154

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

Charles E. Wallace

Date January 26, 2005

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
MGRM	Charles E. Wallace	9300 West Bay Harbor Drive	Bay Harbor Islands, FL 33154

900046086279
02/07/05--01035--015 **250.00

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.

Signature of
Managing Member/Manager

Charles E. Wallace

Date 01/26/05

Daytime Phone# (305) 864-8614

Typed or printed name of signing Managing Member/Manager Charles E. Wallace

CR2E041 (10/02)