

m 0000002588

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # M00000002588
Name and Mailing Address

0003013 01 PP 0.382 PAYROLL TO 0 0815 93301-186410
ANC PAYROLL ADMINISTRATION, LLC
200 SOUTH ANDREWS AVENUE, 10TH FLOOR
FORT LAUDERDALE FL 33301-1864

02 NOV 21 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address City, State, Zip		4. State/Country of Formation DE	
Principal Place of Business 200 SOUTH ANDREWS AVENUE, FORT LAUDERDALE FL 33301		5. Date Organized or Qualified To Do Business in Florida 12/15/2000	
3. New Principal Place of Business Address 10TH FLOOR City, State, Zip		6. FEI Number 52-2277897	
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent PETER F. SOUZA REGISTERED AGENT MUST SIGN		Date 11/24/02 11/24/02	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WOOD, BARRY	200 SOUTH ANDREWS AVENUE	FORT LAUDERDALE FL 33301
MGR	RYCE, KATHLEEN W	200 SOUTH ANDREWS AVENUE	FORT LAUDERDALE FL 33301
MGR	SCHWARTZ, HOWARD D	200 SOUTH ANDREWS AVENUE	FORT LAUDERDALE FL 33301
MGR	WEL, DEBORAH W	200 SOUTH ANDREWS AVENUE	FORT LAUDERDALE FL 33301
MGR	O. Mason Hurst, II	200 S. Andrews Ave.	Ft. Lauderdale, FL 33301
MGR	GRADY, JAMES W	200 SOUTH ANDREWS AVENUE	FORT LAUDERDALE FL 33301
MGR	Dawn B. Kitzrease	200 S. Andrews Ave.	Ft. Lauderdale, FL 33301
MGR	STEWART, GORDON W	200 SOUTH ANDREWS AVENUE	FORT LAUDERDALE FL 33301
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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 Howard D. Schwartz Typed or printed name of signing Managing Member/Manager Date 11/6/02 Daytime Phone # 954-320-4000 H020002211073			

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000221673 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954) 525-7500
Fax Number : (954) 761-8475

*2nd request
Corrected
11/21/02*

Iris Baker

RECEIVED

02 NOV 21 PM 2:55

DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

ANC PAYROLL ADMINISTRATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV 21 PM 3:19

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help