

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

M02000001987

FILED
04 JAN 30 PM 6:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001987

1. Limited Liability Company's Name

Checkpoint HR Holdings One, LLC

03

MPK

2. Principal Office Address

2035 Lincoln Hwy

Suite, Apt. #, etc.

Suite 1080

City & State

Edison NJ

Zip

08817

Country

USA

3. Mailing Office Address

2035 Lincoln Hwy

Suite, Apt. #, etc.

Suite 1080

City & State

Edison NJ

Zip

08817

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

38-3676930

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Deborah D. Skipper

Deborah D. Skipper

REGISTERED AGENT MUST SIGN

Asst. V. Pres.

Date

1/30/04

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
MM	Rosenthal, Steve	2035 Lincoln Hwy Suite 1080	Edison NJ 08817
MM	Padua, Tim	2035 Lincoln Hwy Suite 1080	Edison NJ 08817
REINSTATEMENT			
2003-2004			200027988492
MPK			

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 608.405, 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

Steve Rosenthal

Date

1/28/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

STEVE ROSENTHAL

CRECH 11002



CORPORATION SERVICE COMPANY™

M02000001987

ACCOUNT NO. : 072100000032

REFERENCE : 414299 7304634

AUTHORIZATION :

Patricia Pigante

COST LIMIT : \$ 200.00

ORDER DATE : January 28, 2004

ORDER TIME : 2:11 PM

ORDER NO. : 414299-015

CUSTOMER NO: 7304634

CUSTOMER: Mr. Neil Friedman
Checkpoint Hr, LLC
Suite 1080
2035 Lincoln Highway
Edison, NJ 08817

BK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: CHECKPOINT HR HOLDINGS ONE,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS

BK

-RECEIVED-
04 JAN 30 PM 4:16
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA