M02000001991

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 30 PM 6:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001991

1. Limited Liability Company's Name
Checkpoint HR Florida, LLC

03

2. Principal Office Address	3. Mailing Office Address
2035 Lincoln Hwy	2035 Lincoln Hwy
Suite, Apt. #, etc.: Suite 1080	Suite, Apt. #, etc.: Suite 1080
City & State: Edison NJ	City & State: Edison NJ
Zip: 08817 Country: USA	Zip: 08817 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 32-0020269 ☐ 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 Date: 1/30/04
REGISTERED AGENT MUST SIGN Asst. V. Pres.

CR2E031 (10/02)

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	Padva, Tim	2035 Lincoln Hwy Suite 1080	Edison, NJ 08817
			500027988615
	REINSTATEMENT 2003-2004		

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: [signature] Date: 1/28/04 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Steve Rosenthal

CSC
CORPORATION SERVICE COMPANY™

M02000001991

ACCOUNT NO. : 072100000032

REFERENCE : 414299 7304634

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 200.00

ORDER DATE : January 28, 2004

ORDER TIME : 2:11 PM

ORDER NO. : 414299-020

CUSTOMER NO: 7304634

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

FILED
04 JAN 30 PM 6:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: CHECKPOINT HR FLORIDA, LLC

RECEIVED
04 JAN 30 PM 4:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 _____