PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 NOV -7 PM 1: 19

1. DOCUMENT # M0200002527

Name and Mailing Address

0001124 01 AT 0.292 **AUTO T6 2 0615 32073-452547 հահավորինունութականություններուներությունների OMNI LABOR RESOURCES LLC 1536 KINGSLEY AVENUE, SUITE 122 ORANGE PARK FL 32073-4525



2. New Mailing Address City, State, Zip					4. State/Country of Formation TX 5. Date Organized or Qualified To Do Business in Florida 09/24/2002			
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of State			dditional Fee require			
8. Name and Add	ress of Current	Registered Agent		9. Name and Address of New Registered Agent				
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR			Name ROGER D. She HON					
			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33145		1536						
			City ORAN	19E PARK		FL	32073	
legistered Agent X Of CC 1. Names and Street Addresses of		GISTERED AGENT MUST & Member/Manager	SIGN		Date			
Title (s) Name	s and Street Addresses of Each Managing Member/Manager Name of Managing Members/Managers			eet Address of Each City / State / Zip			Zin	
MGR SHELTON, DANNY C		Managing Member/Manager 3877 ROYAL TROON DRIVE		ROUND ROCK TX 78884				
			·	1 D 11/07/	002449 03010030	618 05 **	1 150.00	
	-					<u>- 1</u>		
						<u></u>		
 I certify that I am managing me filling this reinstatement applic: o all fees owed by the limited lizbilit as if made under oath. 	n lhe reason for	dissolution has been elimina	ted, the limited liability con	nnany name satisfie	as the requirements of	section 608	406 ES and that	
gnature of Anaging Member/Manage	ZIGHAT	1 Colin	ED Date		aytime Phone # 67	1835	-6861	

Date O Daytime Phone # D12 OUD