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15 JUL 23 AM 8:14

SECRETARY OF STATE
FLORIDA DEPARTMENT OF STATE

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
 1. Limited Liability Company's Name
 M09000002249
Essential Enterprise Solutions LLC

2. Principal Office Address - No P.O. Box # 100 STERLING PARKWAY		3. Mailing Office Address 100 STERLING PARKWAY	
Suits, Apt. #, etc. SUITE 307		Suits, Apt. #, etc. SUITE 307	
City & State MECHANICSBURG		City & State MECHANICSBURG	
Zip 17050	Country US	Zip 17050	Country US

CR2E041 (1/14)

4. State/Country of Formation DELAWARE	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

\$500 Additional Fee Assessed for Certificate of Status

B. Name and Address of Current Registered Agent

Name
 C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
 1200 SOUTH PINE ISLAND ROAD

Suits, Apt. #, Etc.

City
 PLANTATION, FL 33324

B. I, being appointed the registered agent of the above named limited liability company, hereby accept the obligations of Chapter 885, F.S.

Signature of Registered Agent: *Candice Pyxatoro* Date: *7/22/2015*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Thomas York	100 Sterling Parkway Ste 307	Mechanicsburg PA 17050
MGR	Dale Drendall	100 Sterling Parkway Ste 307	Mechanicsburg PA 17050
MGR	Robert C Heck	100 Sterling Parkway Ste 307	Mechanicsburg PA 17050

REINSTATEMENT

JUL 23 2015
R. HUNT

11. E-mail Address: cyoncuski@essential.com (To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 885, 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 805.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.165, F.S.

Signature of Authorized Representative/Manager: *Dale Drendall* Date: *07/21/2015* Daytime Phone #: *717.610.3226*

Typed or printed name of signing Authorized Representative/Manager: Dale Drendall

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
ESSENTIAL ENTERPRISE SOLUTIONS LLC

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R. HUNT

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