Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT

FEDERAL LIAISON SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

OCT 5 2017

R. HUNT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 OCT -5 PM 1:31

DOCUMENT # M09000004646

1. Limited Liability Company's Name
Federal Liaison Services LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
One ADP Boulevard		One ADP Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Mail Stop 325			
City & State		City & State	
Roseland, NJ		Roseland, NJ	
Zip	Country	Zip	Country
07068	USA	07068	USA

4. State/Country of Formation
Delaware/USA

5. Date Organized or Qualified To Do Business in Florida
October 11, 2016

6. FEI Number
30-0442308
☐ 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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent [signature] GALVINA AMENTA-GRAY ASSISTANT SECRETARY Date 9/5/2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
President	Michael A. Bonarti	One ADP Boulevard	Roseland, NJ 07068
VP	Michael C. Eberhard	One ADP Boulevard	Roseland, NJ 07068
VP/ Controller	Jan Siegmund	One ADP Boulevard	Roseland, NJ 07068
Asst. Secretary	Dorothy Wisniowski	One ADP Boulevard	Roseland, NJ 07068

REINSTATEMENT OCT 5 2017 R HUNT

11. E-mail Address: daria.goginsky@adp.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 605, 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 605.0012, 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. 817.155, F.S.

Signature of Authorized Representative/ Manager [signature] Date 10/5/17 Daytime Phone # 973-974-5510

Typed or printed name of signing Authorized Representative/ Manager Dorothy Wisniowski