PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 OCT -2 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M11000001608

1. Limited Liability Company's Name
AES SELECT HR SERVICES LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
13900 Lakeside Circle	
Suite, Apt. #, etc Suite 200	Suite, Apt. #, etc.
City & State Sterling Heights, MI	City & State
Zip / Country 48313 / US	Zip / Country

4. State/Country of Formation
Michigan

5. Date Organized or Qualified To Do Business in Florida
03/30/2011

6. FEI Number
274098250
☐ 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: PLANTATION | State: FL | Zip Code: 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: Kristin Bolden Kristin Bolden Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 10/2/2014

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
MGR	David Otto	13900 Lakeside Circle Suite 200	Sterling Heights, MI 48313

REINSTATEMENT

OCT 0-2 2014
R. HUNT

11. E-mail Address:
(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 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 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: David Otto Date: 10/2/2014 Daytime Phone #: (586)992-3377

Typed or printed name of signing Authorized Representative/Manager: David Otto

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
AES SELECT HR SERVICES LLC

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R. HUNT

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