

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Secreta

DIVISION OF CORPORATIONS

OF STATE

1. DOCUMENT # M98000001432  
Name and Mailing Address

**M98000001432**

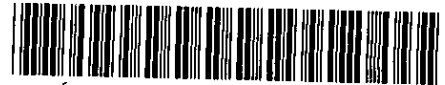
0011291 01 SP 0.370 \*\*SGLP

0615 30339

PULSEWORKS, LLC  
200 GALLERIA PARKWAY NW, STE 450  
ATLANTA GA 30339

600009562136  
02/24/03--01056--002 \*\*50.00

600009562136  
12/17/02--01067--005 \*\*150.00 **MJH**



2/24 2002-2003

## 2. New Mailing Address

City, State, Zip

## 4. State/Country of Formation

GA

## 5. Date Organized or Qualified To Do Business in Florida

12/01/1998

## Principal Place of Business

200 GALLERIA PARKWAY NW, STE 450  
ATLANTA GA 30339

## 3. New Principal Place of Business Address

City, State, Zip

## 6. FEI Number

58-2369172

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

TAYLOR JAMES J  
6564 44TH ST., NORTH, BLDG. 805  
PINELLAS PARK FL 33781

## 9. Name and Address of New Registered Agent

Name **Billy Graham**

Street Address (P.O. Box Number is Not Acceptable)

**1401 S Palmetto Apt 602**

City

**Daytona Beach**

FL

Zip Code **32114**

## 10. 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

*[Signature]*

REGISTERED AGENT MUST SIGN

## 11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<del>MGR</del>	<del>STRICKLAND, ED</del>	<del>200 GALLERIA PARKWAY NW, SUITE 450</del>	<del>ATLANTA GA 30339</del>
<b>MGR</b>	<b>Victor Clements</b>	<b>200 Galleria Pkwy Suite 450</b>	<b>Atlanta, GA 30339</b>
<b>MGR</b>	<b>Raj Deshpande</b>	<b>200 Galleria Pkwy Suite 450</b>	<b>Atlanta, GA 30339</b>

## 12. 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

**12/3/02**

Daytime Phone #

**770-916-1722**

Typed or printed name of signing Managing Member/Manager

**Victor R. Clements**

CR2E084 (8/02)