

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N01000006864

**FILED**  
**Dec 17, 2010**  
**Secretary of State**

**Entity Name:** WORKFORCE SPECIALIST, INC.

**Current Principal Place of Business:**

1300 BAYOU BLVD STE 25A  
PENSACOLA, FL 32503

**New Principal Place of Business:**

1420 E. LEE ST.  
PENSACOLA, FL 32503

**Current Mailing Address:**

1300 BAYOU BLVD STE 25A  
PENSACOLA, FL 32503

**New Mailing Address:**

1420 E. LEE ST.  
PENSACOLA, FL 32503

**FEI Number:** 59-3746827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIEVIT, ODOM & BARLOW  
635 W GARDEN ST  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

OLSON, JUDY  
1420 E. LEE ST.  
PENSACOLA, FL 32503 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JUDY OLSON

12/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OLSON, JUDY A  
Address: 1420 E. LEE ST  
City-St-Zip: PENSACOLA, FL 32503

Title: D  
Name: ALBRECHT, BARBARA  
Address: 1528 E BRAINERD  
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUDY OLSON

PRES

12/17/2010

Electronic Signature of Signing Officer or Director

Date