

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 NOV 21 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P03000077611

1. Corporation Name Full Work, Inc.

2. Principal Office Address 7133 Bay Drive		3. Mailing Office Address "	
Suite, Apt. #, etc. 305		Suite, Apt. #, etc. "	
City & State Miami, FL		City & State "	
Zip 33141	Country U.S.A.	Zip "	Country "

4. Date Incorporated or Qualified To Do Business in Florida 7/11/03

5. FEI Number ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name Richard Viveros

Street Address (P.O. Box Number is Not Acceptable) 7133 Bay Drive

Suite, Apt. #, Etc. 305

City Miami

State FL Zip Code 33141

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

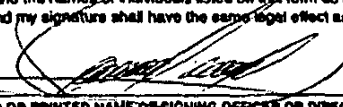
Signature of Registered Agent  Date 11/16/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Richard Viveros	7133 Bay Drive #305	Miami, FL 33141

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:  **11/16/05** **305-216-8683**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOV 21 2005

**FULL WORK, INC.
7133 BAY DRIVE #305
MIAMI, FL 33141
305-216-8683**

November 16, 2005

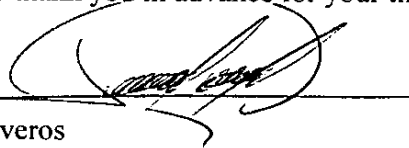
Florida Department of State
Division of Corporations

Re: **FULL WORK, INC.
P03000077611**

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in 2004 & 2005 in the mail, so thank you in-advance for your time and consideration.

Sincerely,


Richard Viveros
President

Charter Number Only

11-18-05 Einy.

Requestor's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

Full Work, Inc.
PO3000077611

RECEIVED
05 NOV 21 AM 9:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

- | | | |
|---|--|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | | |
| ☐ Foreign | ☐ Dissolution | ☐ Mark |
| ☐ Limited Partnership | ☐ Annual Report | ☐ Other |
| ☒ Reinstatement | ☐ Reservation | ☐ Change of Registered Agent |
| ☐ Certified Copy | ☐ Photo Copies | ☐ Certificate Under Seal |
| ☒ Call When Ready | ☐ Call If Problem | ☐ After 4:30 |
| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |
| | | ☐ Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier