

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
00 NOV 28 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000020961

1. Corporation Name

Company @ Work, Inc.

2. Principal Office Address

600 West Hillsborough Blvd.

Suite, Apt. #, etc.

Suite 102

City & State

Deerfield Beach, Florida

Zip

33441

Country

U.S.A.

3. Mailing Office Address

600 West Hillsborough Blvd.

Suite, Apt. #, etc.

Suite 102

City & State

Deerfield Beach, Florida

Zip

33441

Country

U.S.A.

**REINSTATEMENT**

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4. Date Incorporated or Qualified To Do Business in Florida

3/07/96

5. FEI Number

65-0778337

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRE

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eduardo Del Riego

800003487798-7

-12/05/00-01074-015

\*\*\*\*758.75 \*\*\*\*758.75

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

600 West Hillsborough Blvd.

Suite, Apt. #, Etc.

Suite 102

City

Deerfield Beach

State

FL

Zip Code

33441

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*Eduardo Del Riego*  
REGISTERED AGENT MUST SIGN

Date

11-27-00

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
P,D	Eduardo Del Riego	600 W Hillsborough Blvd, #102	Deerfield Beach, FL 33441
D	P.J. Simoons Company BV	600 W Hillsborough Blvd, #102	Deerfield Beach, FL 33441
D	Roelieeoele BV	600 W Hillsborough Blvd, #102	Deerfield Beach, FL 33441
S, T	Peter Simoons	600 W Hillsborough Blvd., #102	Deerfield Beach, FL 33441
			<b>KE</b>

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:

*Eduardo Del Riego*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/00 305-449-3673

Daytime Phone #

CR2E081 (9/99)