

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUL 27 AM 11:13

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # p97000047133

1. Corporation Name

michael workman inc

KS

800158929228  
07/27/09--01040--020 \*\*300.00

2. Principal Office Address - No P.O. Box #

8972 alexandra circle

3. Mailing Office Address

8972 alexandra circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

wellington florida

City & State

wellington florida

Zip

33414

Country

palm beach

Zip

33414

Country

palm beach

4. Date Incorporated or Qualified  
To Do Business in Florida

yes

5. FEI Number  
65-0756315

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-09

7. Name and Address of Current Registered Agent

Name  
michael workman

Street Address (P.O. Box Number is Not Acceptable)  
8972 alexandra circle

Suite, Apt. #, Etc.

City  
wellington florida

State  
FL

Zip Code  
33414

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*[Signature]*

Date 7-23-2009

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
D	michael workman	8972 alexandra circle	wellington florida 33414

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 contained in Chapter 119, 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: *[Signature]* michael workman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-2009  
Date

1-561-319-7817  
Daytime Phone #