

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 18 AM 9:32

DOCUMENT # *PP9000059680*

1. Corporation Name

WORKFORCE MANAGEMENT INC.,

2. Principal Office Address

13961 N.E. 2 Ave.

Suite, Apt. #, etc.

City & State

Miami, FL 33161

Zip
33161

3. Mailing Office Address

P.O. Box 4254

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33101

7. Name and Address of Current Registered Agent

Name

Andrea Lyew

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

13961 N.E. 2 Avenue

Suite, Apt. #, Etc.

City

Miami

700004991397-6

-02/22/02-01066-006

***908.75 ***908.75

700004991397-6

-02/22/02-01066-007

***200.00 ***200.00

State Zip Code
FL 33161

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

Date

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
P	Freddie Howard	7320 North Oakmont Dr.	Miami, FL 33015
S/T	Andrea Lyew	13961 N.E. 2 Avenue	Miami, FL 33161

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-3-01 (305)899-0602

Date

Daytime Phone #