

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000059680

FILED  
Oct 11, 2006  
Secretary of State

Entity Name: WORKFORCE MANAGEMENT INC.

## Current Principal Place of Business:

3220 SOUTH DOUGLAS ROAD  
A  
MIRAMAR, FL 33025

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 4254  
MIAMI, FL 33101

## New Mailing Address:

FEI Number: 65-0930854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOWARD, DEVONNE  
3701 SW 130TH AVE  
MIRAMAR, FL 33027 US

## Name and Address of New Registered Agent:

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: DEVONNE HOWARD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOWARD, FREDDIE  
Address: 3701 SW 130TH AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: VP ( ) Delete  
Name: HOWARD, DEVONNE L  
Address: 3701 SW 130TH AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: SEC ( ) Delete  
Name: ROBERTS, JOAN  
Address: 1251 NW 173RD TERR  
City-St-Zip: MIAMI, FL 33169

Title: TRE ( ) Delete  
Name: HOLMES, REGINA  
Address: 1612 NW 42ND AVE  
City-St-Zip: MIAMI, FL 33142

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEVONNE HOWARD

VP

10/11/2006

Electronic Signature of Signing Officer or Director

Date