

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
10 MAR 10 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000026677

1. Limited Liability Company's Name

PROWORX, LLC

100171548231  
03/08/10--01083--018 \*\*560.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #  
7416 CORKWOOD TERRACE  
Suite, Apt. #, etc.

3. Mailing Office Address  
7416 CORKWOOD TERRACE  
Suite, Apt. #, etc.

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 03/15/2005

City & State  
TAMARAC, FLORIDA

City & State  
TAMARAC, FLORIDA

6. FEI Number 14-1955283  
Applied For Not Applicable

Zip Country  
33321 USA

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33321 USA

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name RICARDO ALONSO

Street Address (P.O. Box Number is Not Acceptable)  
7416 CORKWOOD TERRACE

Suite, Apt. #, Etc.

City State Zip Code  
TAMARAC FL 33321

A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent RA  
REGISTERED AGENT MUST SIGN

Date 03-04-10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RICARDO ALONSO	7416 CORKWOOD TERRACE	TAMARAC / FL / 33321
			S. HAWKES
			MAR 11 2010
			EXAMINER

REINSTATEMENT  
2007-10

11. E-mail Address: RAPROWORX@HOTMAIL.COM  
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager RA Date 03-04-10 Daytime Phone # 786-487-7016

Typed or printed name of signing Managing Member/Manager RICARDO ALONSO