

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 OCT -7 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F10000005368

1. Corporation Name

eEmployers Solutions, Inc.

**REINSTATEMENT**

CR2E081 (11/10)

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

12211 Huebner Road

3. Mailing Office Address

12211 Huebner Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

San Antonio, Texas

City & State

San Antonio, Texas

Zip

78230

Country

US

Zip

78230

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 12/07/2010

5. FEI Number

74-2884279

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

500213043605  
10/07/11--01008--022 \*\*750.00

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

Howard L. Volz  
Asst. Secretary

Date 10-6-2011

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
CEO/ DB	Terry Hookstra	12211 Huebner Road	San Antonio, Texas 78230
P	Tanya Perez	12211 Huebner Road	San Antonio, Texas 78230
VP	Don Kremmel	2790 N. Academy Blvd. #337	Colorado Springs, CO. 80917

10. E-mail Address: chookstra@eesipeo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

9-28-2011 2104951171