

10/2

# 2004 FOR PROFIT CORPORATION REINSTATEMENT


FILED

04 OCT 28 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F00000003303**

1. Entity Name  
**ALLSTAFF MANAGEMENT, INC.**



Principal Place of Business  
**575-K OLD NORCROSS ROAD  
LAWRENCEVILLE, GA 30045**

Mailing Address  
**P.O. BOX 48  
LAWRENCEVILLE, GA 30046-0048**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FFI Number  
**58-1531342**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS  
103 NORTH MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE: *E. S. [Signature]* *Asst. Secretary* 10/2/04

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) FIAT

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PCD REICHEL, JEFFREY 197 TIMBERLOST TRAIL SUWANEE, GA 30024</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD REICHEL, BEVERLY 197 TIMBERLOST TRAIL SUWANEE, GA 30024</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>800042282868 10/28/04--01036--025 **150.00</b>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 10/25/04 770-339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000

**Allstaff  
Management**

770.339.0000  
888.339.8211

575-K Old Norcross Road  
Lawrenceville, GA 30045  
fax 770.339.4850

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*Professional Employer Organization*

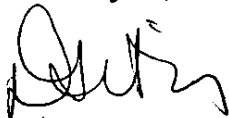
Oct 25, 2004

Florida division Of Corp  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

Reinstatement  
58-1531342

Please abate the reinstatement cost of \$750.00. We did not receive the original application. We will make sure this never happens again

Thanks you,



Diana Fitch