PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAR -6 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000005554

1. Corporation Name

SUPERIOR STAFFING SERVICES, INC.

REINSTATEMENT 03-06

CR2E057(10/05) MAR 14 2006

2. Principal Office Address	**3.** Mailing Office Address
250 INTERNATIONAL DR.	PO BOX 9057
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WILLIAMSVILLE NY	City & State: WILLIAMSVILLE NY
Zip: 14221 Country: USA	Zip: 14231-9057 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10-2-2000

5. FEI Number: 16-0908669 ☐ 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: BARTON J. STANLEY

000051545TT
03/06/06--01061--004 **120.00

Street Address (P.O. Box Number is Not Acceptable): 1581 ROBERT J. CONLAN BLVD NE

Suite, Apt. #, Etc.: SUITE #106

City: PALM BAY State: FL Zip Code: 32905

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 _____ REGISTERED AGENT MUST SIGN Date 2/10/06

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/T	LYNNE MARIE FINN	371 DEPEW AVE	BUFFALO, NY 14214

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 contained in Chapter 119, 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: Lynne Marie Finn 2/10/06 716-631-8310

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