

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000005664**

1. Corporation Name

Unified Staffing & Associates, Inc.

FILED

98 JAN -9 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1425 Lake Front Circle, Suite 100  
The Woodlands, TX 77380  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10-31-96	
City & State		City & State		5. FEI Number	
Zip		Country		76-0413282	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Yvonne Sturrock	191 Bristol Bend	The Woodlands TX 77382
			300002398699--6 -01/13/98--01067--006 ****900.00 ****900.00
<b>REINSTATEMENT 97-98</b>			
JAN 9 1998			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Jim McDuffee 3104 Bayshore Gardens Pkwy Bradenton, FL 34207		Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd. Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent: *E.A. Wallace* REGISTERED AGENT MUST SIGN *Asst Secretary* Date: 1/8/1998

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Yvonne Sturrock* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Yvonne Sturrock Date: 1/31/97 Daytime Phone #: 281-363-2445

CR2040 (12/96)