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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004 AUG 10 A 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L0100001799					
1. Limited Liability Company's Name ALL STAFFING CONCEPTS LLC					
2. Principal Office Address 2665 S. Bayshore Drive			3. Mailing Office Address 2665 S. Bayshore Drive		
Suite, Apt. #, etc. Suite 703			Suite, Apt. #, etc. Suite 703		
City & State Miami, Florida			City & State Miami, Florida		
Zip 33133		Country USA		4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business In Florida 07/18/01					
6. FFL Number 65-1131903				Applied For Not Applicable	
7. CERTIFICATE OF STATE'S DESIRE? <input type="checkbox"/> (X) No Additional Documents to be Submitted					

8. Name and Address of Current Registered Agent

Name: **WORLD CORPORATE SERVICES, INC.**

Street Address (P.O. Box Number, if not Accepting): **2665 S. Bayshore Drive**

Suite, Apt. #, Etc.: **Suite 703**

City: **Miami, Florida** State: **FL** Zip Code: **33133**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 604, F.S.

Signature of Registered Agent: *[Signature]* Date: **7/30/04**

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	Julio Toriano	2665 S. Bayshore Drive, #703	Miami, Florida 33133

REINSTATEMENT *[Handwritten initials]*

11. I certify that I am managing member/manager of the above named limited liability company and I am qualified to execute this application as provided for in Chapter 604, F.S. I further certify that when filing this reinstatement application the name of the limited liability company has been determined to be a limited liability company name that satisfies the requirements of section 602.406, F.S., and that all fees owed by this 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: *[Signature]* Date: **07/30/04** Daytime Phone #: **(305) 858-8900**

Typed or printed name of signing Managing Member/Manager: **Julio Toriano**