PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 22 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054507

1. Corporation Name
General Labor Staffing Services, Inc.

REINSTATEMENT 02

400008441484--2
-10/18/02--01025--005
****750.00 ****750.00

2. Principal Office Address		**3.** Mailing Office Address	
1801 N. Dixie Highway		1801 N. Dixie Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Pompano Beach, FL		Pompano Beach, FL	
Zip	Country	Zip	Country
33060	USA	33060	USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/24/01

5. FEI Number: ☐ 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
Steven G. Schwartz, Esquire
Street Address (P.O. Box Number is Not Acceptable)
c/o Schwartz & Horwitz, 3301 NW Boca Raton Boulevard
Suite, Apt. #, Etc.
Suite 200
City: Boca Raton | State: FL | Zip Code: 33431

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: Steven G. Schwartz
REGISTERED AGENT MUST SIGN
Date: 10/11/02

CR2E081 (9/01)

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
PD	Gerry Califano	1801 N. Dixie Highway	Pompano Beach, FL 33060
VSTD	Lawrence J. Minei	1801 N. Dixie Highway	Pompano Beach, FL 33060

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 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: Lawrence J Minei — 10-14-02 — 561 261 3193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JS 10/24/02

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Please file stamp + Return Thank You.

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JP 10/24/02

[redacted]

OFFICE OF THE SECRETARY OF STATE

№ 86892 A

Tallahassee, Fla., 10-21-02

RECEIVED FROM Joseph Tillman

the sum of Twenty Five Cents Dollars $ .25

For the following: Gordonville / Gordon Heights Community Association, Inc. / Reinstatement

Secretary of State

THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.

Fiscal 5A