PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 17 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000054507**

1. Corporation Name

GENERAL LABOR STAFFING SERVICES, INC.

Principal Place of Business	Mailing Address
~~1801 N DIXIE HIGHWAY~~ ~~POMPANO BEACH FL 33060~~	~~1801 N DIXIE HIGHWAY~~ ~~POMPANO BEACH FL 33060~~

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
2333 North State Rd. 7	3301 NW Boca Raton Blvd.
Suite, Apt. #, etc.: Suite K	Suite, Apt. #, etc.: Suite 200
City & State: Margate, FL	City & State: Boca Raton, FL
Zip: 33063 Country: USA	Zip: 33431 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/24/2001

5. FEI Number: 65-1112591 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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	4 City / State / Zip
PD	CALIFANO, GERRY	~~1801 N DIXIE HIGHWAY~~ 2333 North State Rd.7, Ste.K	~~POMPANO BEACH FL 33060~~ Margate, FL 33063
VSTD	MINEI, LAWRENCE J	~~1801 N DIXIE HIGHWAY~~ 2333 North State Rd.7, Ste.K	~~POMPANO BEACH FL 33060~~ Margate, FL 33063
		400023270214 10/17/03--01018--019 **200.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SCHWARTZ, STEVEN G 3301 N.W. BOCA RATON BOULEVARD SUITE 200 BOCA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/13/03
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED — 10/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #