


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 AUG 10 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (1/07)

DOCUMENT # POS000147098
1. Corporation Name JLF HR SERVICES, Inc

2. Principal Office Address - No P.O. Box # <u>9972 Royal Palm</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>Same</u> Suite, Apt. #, etc.	
City & State <u>Coral Springs FL</u>		City & State <u>Same</u>	
Zip <u>33065</u>	Country <u>US</u>	Zip <u>Same</u>	Country <u>Same</u>

4. Date Incorporated or Qualified To Do Business in Florida 12/5/03

5. FEI Number 57-1196346 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 JEFF Firestone

Street Address (P.O. Box Number is Not Acceptable)
9972 Royal Palm Blvd

Suite, Apt. #, Etc.

City Coral Springs State FL Zip Code 33065

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 8/10/07

REGISTERED AGENT MUST SIGN

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
<u>Pres</u>	<u>JEFF Firestone</u>	<u>9972 Royal Palm</u>	<u>33065</u> <u>Coral Springs FL</u>
<u>VP</u>	<u>Laurie Firestone</u>	<u>9972 Royal Palm</u>	<u>Coral Springs FL</u>

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08/19/07--01036--017 **600.00

REINSTATEMENT 8-07

RH

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: [Signature] JEFF Firestone Date 8/10/07 Daytime Phone # 954 803-2309