

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 25 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *Absolute Labor Management*

1. Corporation Name

INC.

P05000057406

2. Principal Office Address - No P.O. Box #

800 SW 16th St # 6

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 367 this address

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip *33430*

Country *U.S.*

City & State

Belle Glade, FL

Zip *33430*

Country *U.S.*

4. Date Incorporated or Qualified
To Do Business in Florida

4-14-05

5. FEI Number

59-3802728

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

REINSTATEMENT *06-07*
CR2E081 (1/07)

7. Name and Address of Current Registered Agent

Name

DEBORAH JEAN JORDON

Street Address (P.O. Box Number is Not Acceptable)

800 SW 16th St # 6

Suite, Apt. #, Etc.

City

Belle Glade

State

FL

Zip Code

33430

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

Deborah Jean Jordan

REGISTERED AGENT MUST SIGN

Date *9-20-07*

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
<i>Pres.</i>	<i>Deborah Jean Jordan</i>	<i>800 SW 16th St # 6</i>	<i>Belle Glade, FL 33430</i>
<i>Treas.</i>	<i>Scott Joyner</i>	<i>4781 127th Trail N.</i>	<i>West Palm Bch. FL 33411</i>
<i>Secr.</i>	<i>Mona Miller</i>	<i>800 SW 16th St # 6</i>	<i>Belle Glade, FL 33430</i>

Ma/27

300109894179
09/25/07-01034-007 **900.00

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: *DEBORAH JEAN JORDON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-07 *561-261-0552*

Date Daytime Phone #