

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 AUG 12 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P-07000062871

1. Corporation Name  
OFMA Staffing Agency Inc.

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

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Office Address

5209 N.W 74<sup>th</sup> Ave

Suite, Apt. #, etc.

#223

City & State

Miami, FL

Zip Country

33166 U.S

**REINSTATEMENT**

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 07-20-07

5. FEI Number  
26-0602524

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 Orlando F Machado

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

5209 N.W 74<sup>th</sup> Ave

Suite, Apt. #, Etc.

#223

City Miami

State FL Zip Code 33166

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

Date 08-06-08

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>P</u>	<u>Orlando Machado</u>	<u>6425 S.W 116 Pl Unit D</u>	<u>Miami, FL 33173</u>

600134379956  
08/12/08--01038--006 \*\*765.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-06-08 786-291-0606

Date Daytime Phone #