

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 29 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200005754512--9
-06/11/02--01102--019
***1800.00 ***1800.00

REINSTATEMENT 95-02



CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000038075

1. Corporation Name
Airline Employee Placement
Service, Inc

2. Principal Office Address
310 SW 120 Terrace
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 550010
Suite, Apt. #, etc.

City & State
Plantation, FL
Zip 33325
Country

City & State
Fort Lauderdale, FL
Zip 33355
Country

4. Date Incorporated or Qualified
To Do Business in Florida
5. FEI Number 65-0566670
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 Bruce David Green
Street Address (P.O. Box Number is Not Acceptable)
600 South Andrews Avenue
Suite, Apt. #, Etc. Suite 400
City Fort Lauderdale State FL Zip Code 33301

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 REGISTERED AGENT MUST SIGN Date

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
Pres.	James Dent	310 SW 120 Terrace	Plantation, Florida 33325

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/01)