PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1997 NOV -4 PM 2:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000074322**

1. Corporation Name

CUSTOM STAFFING, INC.

Principal Place of Business	Mailing Address
2600 LAKE LAGIER DR SUITE 205 MAITLAND FL 32751 US	2600 LAKE LANIER DR SUITE 205 MAITLAND FL 32751 US

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
2600 LAKE LANIER DR	2600 LAKE LANIER DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SAME	SAME
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/06/1994

5. FEI Number: 59-3270426 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVTD	LANGMO, BERNARD DON	33837 SABAL WAY	LEESBURG FL
VD	LANGMO, LISA SMITH	33837 SABAL WAY	LEESBURG FL
D	SMITH, LORI LYNN	1112 S. MONTEREY CIRCLE	BOYNTON BEACH FL

100002344781--5
-11/12/97--01081--013
****750.00 ****750.00

REINSTATEMENT '97

SCC 11-6-97

8. Name and Address of Current Registered Agent

LANGMO, BERNARD D
1066 LAUREL RIDLE DR
MOUNT DORA FL 32757

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/97)

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.

Signature of Registered Agent _____ Date 10/29/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on Intangible tax.)

12. 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: _____ 10/29/97 (407)862-8755

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