

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 30 AM 9: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000011624

1. Corporation Name

UNITED PERSONNEL STAFFING, INC.

2. Principal Office Address

3191 CORAL WAY

Suite, Apt. #, etc.

SUITE #200

City & State

MIAMI, FLORIDA

Zip

33133

Country

USA

3. Mailing Office Address

780 NW LEJEUNE RD.

Suite, Apt. #, etc.

SUITE # 427

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0674360

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

SERGIO R. PENTON, PA.

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

780 NW LEJEUNE RD.

Suite, Apt. #, Etc.

SUITE #427

City

MIAMI,

State

FL

Zip Code

33126

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 04/27/01

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

-DP-

MODESTO ECHEZARRETA

1740 S. BAYSHORE LANE

MIAMI, FL. 33133

REINSTATEMENT 98-01 73

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

(305) 448-1362

Date

Daytime Phone #

CR2E081 (9/00)