

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Glenda E. Hood  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 DEC 31 PM 12:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000039795

Corporation Name

EROSTAFF SERVICES OF AMERICA INC.

Principal Place of Business Mailing Address  
 3 NORTHPOINT DRIVE  
 THIRD FLOOR  
 HOUSTON TX 77060  
 3 NORTHPOINT DRIVE  
 THIRD FLOOR  
 HOUSTON TX 77060



03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 05/03/1996  
 5. FEI Number 65-0674520 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCEO	LOWERY, DOUGLAS L	1818 DEWBERRY BROOK COURT	KINGWOOD TX 77345
VP	WITT, TERRY L	25810 HAVEN LAKE DRIVE	TOMBALL TX 77375
<del>CCFO</del>	<del>BROOK, EVERETT E</del> <i>EMOJE</i>	<del>00 LAKEVIEW VILLAGE</del>	<del>MONTGOMERY TX 77356</del>
	<i>S Rocco, James J.</i>	<i>11261 Danico Lake</i>	<i>Conroe, TX 77303</i>

500026891515  
 01/13/04--01095--024 \*\*750.00

8. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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. or 617.0505, F.S.  
 Signature of Registered Agent *[Signature]* Brian Courtney  
 REGISTERED AGENT *Asst. V. Pres.* Date *12/31/03*

11. 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: *[Signature]* James J. Rocco  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *12.30.03* Daytime Phone # *281-999-5544*

CR2E040 (7/03)