

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 PM 1:15

DOCUMENT #

1. Corporation Name

P99000002218

Qualified Healthcare Staffing, Inc.

2. Principal Office Address

633 NE 167th Street

Suite, Apt. #, etc.

#1201

City & State

North Miami Beach, FL

Zip

33162

Country

USA

3. Mailing Office Address

633 NE 167th Street

Suite, Apt. #, etc.

#1201

City & State

N. Miami Beach, FL

Zip

33162

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

January 1999

5. FEI Number

650887626

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

Audreya McLean

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

6770 Indian Creek

Suite, Apt. #, Etc.

#7P

City

Miami Beach

State

FL

Zip Code

33141

200003506542-2

-12/20/00-01007-025

****150.00 ****150.00

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

[Signature]

Date

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
President	Audreya McLean	6770 Indian Creek #7P Miami Beach, FL 33141	Miami Beach, FL 33141
Vpres.	Claudia McLean	6770 Indian Creek Driv #7P	Miami Beach, FL 33141
Sec.	Diana McLean	6770 Indian Creek Driv #7P	Miami Beach, FL 33141
Tes.	Lissa McLean	6770 Indian Creek Driv #7P	Miami Bch, FL 33141

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 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

AUDREYA McLean

Date

12/08/00

Daytime Phone #

305-652-1266

CR2E081 (9/99)



"Quality Service at an Affordable Price"

P99000002218

②

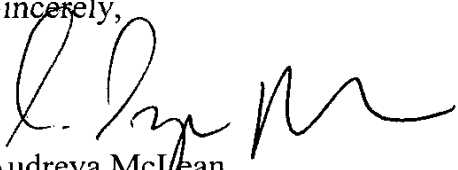
December 8, 2000

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Please be advised that we did not receive the renewal for our Corporation in the year 2000. This is our first time filing a corporate report and we are asking for a waiver of \$500.00. Enclosed please find a check for \$150.00. Thank you for your understanding to this matter.

Sincerely,


Audreya McLean
President