PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00 W60

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 # P99000002218

1. Corporation Name

Qualified Healthcare Staffing, Inc.

2. Principal Office Address	3. Mailing Office Address
633 NE 167th Street	633 NE 167th Street
Suite, Apt. #, etc. #1201	Suite, Apt. #, etc. #1201
City & State North Miami Beach, FL	City & State N. Miami Beach, FL
Zip 33162 Country ~~USA~~	Zip 33162 Country USA

4. Date Incorporated or Qualified To Do Business in Florida January 1999

5. FEI Number 65088 7626 ☐ 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

200003506542--2
-12/20/00--01007--025
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 6770 Indian Creek

Suite, Apt. #, Etc.: #7P

City: Miami Beach State: FL Zip Code: 33141

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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.	Audreya McLean	6770 Indian Creek #7P Miami Beach, FL 33141	Miami Beach, FL 33141
V Pres.	Claudia McLean	6770 Indian Creek Drive #7P	Miami Beach, FL 33141
Sec.	Diana McLean	6770 Indian Creek Drive #7P	Miami Beach, FL 33141
Trs.	Lisa McLean	6770 Indian Creek Drive #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: _____ AUDREYA McLean 12/08/00 305-652-1266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

QHS
Qualified Healthcare Staffing, Inc.

"Quality Service at an Affordable Price"

P99000002218

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