

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**  
98 NOV 30 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V69705**  
1. Corporation Name  
**STRATEGIC STAFFING, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>500 W CYPRESS CREEK RD<br>SUITE 120<br>FT LAUDERDALE FL 33309<br>US | Mailing Address<br>500 W CYPRESS CREEK RD<br>SUITE 120<br>FT LAUDERDALE FL 33309<br>US |
|--|--|

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



**REINSTATEMENT 98**

|  |         |  |         |
|--|---------|--|---------|
| 2. New Principal Office Address, If Applicable |         | 3. New Mailing Office Address, If Applicable |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.                          |         |
| City & State                                   |         | City & State                                 |         |
| Zip  | Country | Zip  | Country |

|   |
|---|
| 4. Date Incorporated or Qualified To Do Business in Florida<br><b>10/08/1992</b>  |
| 5. FEI Number<br><b>65-0367941</b>  |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b> |

| 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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip   |
| PD  | ANDERS, ERIC W.                     | <del>643 VISTA ISLE DRIVE #1815</del><br><b>9870 FAIRWAY COVE LN.</b>                 | <b>SUNRISE FL 33325</b><br><b>PLANTATION, FL 33324</b>                               |
| ST  | HACKETT, DANIEL R                   | 264 N.W. 119TH LANE   | CORAL SPRINGS FL   |
|   |                                     |   | <b>200002703402--2</b><br><b>-12/04/98--01075--006</b><br><b>***750.00 ***750.00</b> |

8. Name and Address of Current Registered Agent

**KURLAND, SHELDON C., ESQ.**  
9853 PINES BOULEVARD  
PEMBROKE PINES FL 33024

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.

Signature of Registered Agent: *Sheldon C. Kurland* REGISTERED AGENT MUST SIGN Date: **11/25/98**

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: *Sheldon C. Kurland* PRESIDENT Date: **11/25/98** Daytime Phone #: **954-776-4810**

CR202040 (8/98)