


11/15/01 10:48 FAX

001/002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000004691 1. Corporation Name <i>The WorkSource, Inc.</i>	
2. Principal Office Address <i>1614 Lakeside Drive</i> Suite, Apt. #, etc.	3. Mailing Office Address <i>1614 Lakeside Drive</i> Suite, Apt. #, etc.
City & State <i>Orlando, FL</i>	City & State <i>Orlando, FL</i>
Zip <i>32803-1508</i>	Country <i>Orange</i>

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4. Date Incorporated or Qualified To Do Business in Florida	<i>unsure of qual date</i>
5. FEI Number	<i>59-3469685</i>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Applied For Not Applicable

7. Name and Address of Current Registered Agent	
Name	<i>Rebecca R. IRISH</i>
Street Address (P.O. Box Number is Not Acceptable)	<i>1614 Lakeside Drive</i>
Suite, Apt. #, Etc.	
City	<i>Orlando</i>
State	<i>FL</i>
Zip Code	<i>32803-1508</i>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.	
Signature of Registered Agent	<i>Rebecca R. Irish</i>
REGISTERED AGENT MUST SIGN	Date <i>11/15/01</i>

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Dir</i>	<i>Pres Rebecca R. IRISH</i>	<i>1614 Lakeside Dr. Orlando, FL 32803-1508</i>	
<i>Treas</i>	<i>Sec JESSICA M. POWERS</i>	<i>1021 Atkins Place</i>	<i>Orlando, FL 32804</i>

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 807 or 817, 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 807.0401 or 817.0401, 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 118.07(3)(4), 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: <i>Rebecca R. Irish</i>	Date <i>11/15/01</i> (407) 493-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #

2827

The WorkSource, Inc.
1614 Lakeside Drive
Orlando, Florida 32803
Phone 407-895-9449
Fax 407-895-2088

November 15, 2001

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

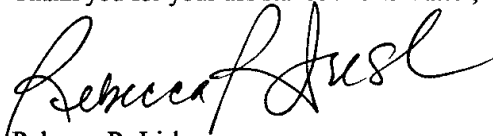
RE: CORPORATE REINSTATEMENT – The WorkSource, Inc.
Document #F00000004691

Dear Sir or Madam:

I have become aware that my corporation, The WorkSource, Inc. has been administratively dissolved in Florida. I did not receive any correspondence related to the annual reporting for this corporation. We had a change of address which I thought was reported to Florida by the agent I use in Delaware, the state of domicile for The WorkSource, Inc. Apparently that did not happen.

I believe I have included the proper paperwork to reinstate The WorkSource, Inc. and am requesting a waiver of the reinstatement fee of \$600. I have enclosed a check for \$150 at the advice of my attorney to effect this reinstatement. Please call me at 407-493-3600 if there is any problem with these documents as presented.

Thank you for your assistance in this matter,


Rebecca R. Irish
President

Enclosures