PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB -6 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004577

REINSTATEMENT 04-06

CR2E081 (12/05) FEB 08 2006

1. Corporation Name
Community Based Staffing & Services Corporation

2. Principal Office Address	3. Mailing Office Address
6009 9th St. North	6009 9th St North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg FL	City & State: St. Petersburg FL
Zip: 33703 Country: USA	Zip: 33703 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/20/2002

5. FEI Number: 020616337 ☐ 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: Okey R. Ryan

Street Address (P.O. Box Number is Not Acceptable): 6009 9th Street North

Suite, Apt. #, Etc.:

000065566090
02/10/06--01019--015 **367.50

City: St. Petersburg State: FL Zip Code: 33703

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: Okey R Ryan Date: 1/19/06
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
D	Okey R Ryan	6009 9th Street North	St. Petersburg FL 33703
D	Jon F. Nutting	6009 9th Street North	St. Petersburg FL 33703
DO	Alex Lindsay	6009 9th Street North	St. Petersburg FL 33703

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 contained in Chapter 119, 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: Okey R Ryan 1/19/06 727-521-4318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #