

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 DEC 26 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000092941

1. Corporation Name

FLORIDA STAFFING SERVICES GROUP INC.

2. Principal Office Address

1820 W 23 # 109

Suite, Apt. #, etc.

109

City & State

TALLAHASSEE

Zip

FL

Country

33012

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

05-18

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/2001

5. FEI Number

65-1140128

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

ELISA FERNANDEZ

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

1820 W 53 ST

Suite, Apt. #, etc.

109

City

TALLAHASSEE FL 33012

State
FL

Zip Code

33012

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

Elisa G. Fernandez

REGISTERED AGENT MUST SIGN

Date 12/11/06

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

PSD

ELISA FERNANDEZ

1820 W 53 ST # 109

TALLAHASSEE FL 33012

12/13/06 01049 011

\$ 300.00

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:

Elisa G. Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eckel DEC 26 2006

12/11/06 (305) 3230x86

Date

Daytime Phone #

2/2

December 11, 2006

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES ST.
TALLAHASSEE, FL. 32399

REF.: FLORIDA STAFFING SERVICES GROUP INC
Doc # P01000092941

THE PURPOSE OF THIS LETTER IS TO LET YOU KNOW THAT I, **FLORIDA STAFFING SERVICES GROUP INC** HAVENT BEEN ABLE, TO MAIL YOU THE UBR TO FACT, THAT UP TO THE ABOVE DATE, I HAVE NOT RECEIVED YOUR FORM TO EXECUTE IT. WE DID NOT RECEIVED THE 2005 ANNUAL REPORT NOTICE PLASE WIVE THE REINSTATEMENT FEE.

I APOLOGY, FOR NOT WRITING YOU ERLIER, BUT I WAS WAITING FOR THE MAIL.

RESPECTFULLY YOURS,



FLORIDA STAFFING SERVICES GROUP INC
ELISA FERNANDEZ