


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000002643		
1. Entity Name ISO STAFF SERVICES, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -2 PM 5:22

Principal Place of Business 545 WASHINGTON BLVD JERSEY CITY, NJ 07310 US	Mailing Address 545 WASHINGTON BLVD JERSEY CITY, NJ 07310 US
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REINSTATEMENT 06

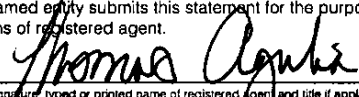
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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10122006 REIN-P CR2E098 (11/05)

4. FEI Number 06-0566106	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, WILLIAM T 8738 AUTUMN GREEN DRIVE JACKSONVILLE, FL 32256-9556	7. Name and Address of New Registered Agent Name Thomas S. Agulia Street Address (P.O. Box Number is Not Acceptable) 3491 SW Sawgrass Villas Drive City Palm City FL Zip Code 34990
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 10/18/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COYNE, FRANK 545 WASHINGTON BLVD JERSEY CITY, NJ 07310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000081470010 11/02/06--01026--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC GIASI, JOSEPH P JR 545 WASHINGTON BLVD JERSEY CITY, NJ 07310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GERAGHTY, KEN 545 WASHINGTON BLVD JERSEY CITY, NJ 07310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANQUILLARE, MARK V 545 WASHINGTON BLVD JERSEY CITY, NJ 07310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS GIASI, JOSEPH P JR 545 WASHINGTON BLVD JERSEY CITY, NJ 07310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Secretary Kenneth Thompson 545 Washington Blvd Jersey City, NJ 07310 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Kenneth Thompson	10/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #