

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 JAN 14 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F00000004626

**1. Corporation Name**

CONNECTION STAFFING, INC.

**2. Principal Office Address**

888 VETERANS MEMORIAL HWY.

Suite, Apt. #, etc.

SUITE 220

City & State

HAUPPAUGE, NY

Zip

11788

Country

USA

**3. Mailing Office Address**

888 VETERANS MEMORIAL HWY.

Suite, Apt. #, etc.

SUITE 220

City & State

HAUPPAUGE, NY

Zip

11788

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida AUGUST 15, 2000

**5. FEI Number**

11-3559391

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

2001 UBR

**7. Name and Address of Current Registered Agent**

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

300004851203--9

01/31/02--0106--013

\*\*\*150.00 \*\*\*150.00

**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

Date

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
CP	JOSEPH V. AMELLA	888 VETERANS MEMORIAL HWY.	HAUPPAUGE, NY 11788
DVS	MIKE G. REINECKE	31 LAKE MIST DRIVE	SUGAR LAND, TX 77479
DVT	MICHAEL J. GOLDE	888 VETERANS MEMORIAL HWY.	HAUPPAUGE, NY 11788

**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 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:**

MIKE G. REINECKE, V.P. & SEC.

10/11/01

281-565-8666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #