

2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 21, 2004
Secretary of State**

DOCUMENT# F01000004397

Entity Name: LLOYD STAFFING, INC.

Current Principal Place of Business:

445 BROADHOLLOW ROAD, SUITE 119
MELVILLE, NY 11747

New Principal Place of Business:

Current Mailing Address:

445 BROADHOLLOW ROAD, SUITE 119
MELVILLE, NY 11747

New Mailing Address:

FEI Number: 11-2579488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSCD () Delete
Name: BANKS, MERRILL
Address: 445 BROADHOLLOW ROAD, SUITE 119
City-St-Zip: MELVILLE, NY 11747

Title: VD () Delete
Name: BANKS, KEITH
Address: 445 BROADHOLLOW ROAD, SUITE 119
City-St-Zip: MELVILLE, NY 11747

Title: CFO () Delete
Name: ALBANESE, VINCENT J
Address: 445 BROADHOLLOW ROAD, SUITE 119
City-St-Zip: MELVILLE, NY 11747

Title: D () Delete
Name: BANKS, JASON
Address: 445 BROADHOLLOW ROAD, SUITE 119
City-St-Zip: MELVILLE, NY 11747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT J. ALBANESE

CFO

10/21/2004

Electronic Signature of Signing Officer or Director

_____ Date