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Division of Corporations
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To:

Division of Corporations
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RE-SUBMIT
Please retain original filing
date of submission 6/25/09

CORPORATION REINSTATEMENT

MANPOWER SOFTWARE, INC.

Certificate of Status	0
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Page Count	023
Estimated Charge	\$900.00

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Electronic Filing Menu

Corporate Filing Menu

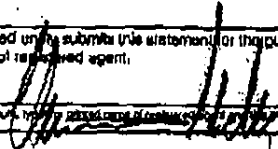
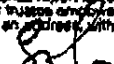
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2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 JUN 25 AM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005466					
1. Entity Name MANPOWER SOFTWARE, INC.					
Principal Place of Business 2087 NW 8TH AVENUE MIAMI, FL 33172 US			Mailing Address 2087 NW 8TH AVENUE MIAMI, FL 33172 US		
2. Principal Place of Business - No P.O. Box # 2087 NW 87th Avenue			3. Mailing Address 2087 NW 87th Avenue		
Bldg, Apt. #, etc.			Bldg, Apt. #, etc.		
City & State Miami, FL			City & State Miami, FL		
Zip 33172		Country USA		Zip 33172	
		Country USA			
4. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  Chris McNeel Secretary					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, PHILIP 2087 NW 8TH AVENUE MIAMI, FL 33172	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President Morgan, Philip 2087 NW 87th Avenue Miami, FL 33172	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNE, SIMON 48 LEICESTER SQUARE LONDON, NA WC2Z 7DB	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Secretary, Treasurer Thorne, Simon 180 Piccadilly, London W1J9ER UK	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bowles, Ian 180 Piccadilly, London W1J9ER UK	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 (ies) empowered.					
SIGNATURE:  Simon Thorne 06-23-09 020 7355 5555					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					