# Florida Department of State
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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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000005466

1. Entity Name
MANPOWER SOFTWARE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2087 NW 8TH AVENUE<br>MIAMI, FL 33172 US | 2087 NW 8TH AVENUE<br>MIAMI, FL 33172 US |

05282009 REIN-P CR2E096 (1/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 2087 NW 87th Avenue | 2087 NW 87th Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami, FL | City & State: Miami, FL |
| Zip: 33172 Country: USA | Zip: 33172 Country: USA |

4. FEI Number: 04-3427851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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: Chris McNeair Assistant Secretary 6/26/09

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<br>MORGAN, PHILIP<br>2087 NW 8TH AVENUE<br>MIAMI, FL 33172 | ☒ Delete | Director, President<br>Morgan, Philip<br>2087 NW 87th Avenue<br>Miami, FL 33172 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>THORNE, SIMON<br>48 LEICESTER SQUARE<br>LONDON, NA WC27 7DB | ☒ Delete | Director, Secretary, Treasurer<br>Thorne, Simon<br>180 Piccadilly, London W1J9ER UK | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | Director<br>Bowles, Ian<br>180 Piccadilly, London W1J9ER UK | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | REINSTATEMENT | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RH | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ 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: Simon Thorne 06-23-09 020 7355 5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #