

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000006049

1. Corporation Name

PSR Nurse Recruiting, Inc.

2. Principal Office Address

14114 Dallas Parkway

3. Mailing Office Address

14114 Dallas Parkway

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Dallas, Texas

City & State

Dallas, Texas

Zip

75254

Country

USA

Zip

75254

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

November 26, 2001

5. FEI Number

75-2949923

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Capitol Corporate Services, Inc.

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

1333 N. Duval Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32303

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

Bayle Windle

Date **3-4-03**

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
P	William W. Riddle, Jr.	14114 Dallas Parkway, Suite 600	Dallas, Texas 75254
S/T/D	Robin Riddle	14114 Dallas Parkway, Suite 600	Dallas, Texas 75254

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: *William W. Riddle, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William W. Riddle, Jr., Pres. MAR - 3 2003 (972) 702-9992

Date

Daytime Phone #

FILED

03 MAR -5 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500013908765
03/11/03 01018--007 **908.75

02-03

MM

CR2E081 (10/02)