

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 21 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002858

1. Corporation Name

ON-STAFF INTERNATIONAL LIMITED, INC.

2. Principal Office Address - No P.O. Box #

900 NW 21st Way
Suite, Apt. #, etc.

3. Mailing Office Address

900 NW 21st Way
Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

U.S.A.

City & State

Delray Beach, FL

Zip

33445

Country

U.S.A.

REINSTATEMENT 03-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

June 4, 2002

5. FEI Number

76-0702032

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 Kerry-Ann Baker

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

900 NW 21st Way

Suite, Apt. #, Etc.

103

City

Delray Beach

State

FL

Zip Code

33445

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Kerry-Ann Baker

REGISTERED AGENT MUST SIGN

Date 9/19/2007

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/M	Baker, Kerry-Ann	900 NW 21 st Way	Delray Beach, FL 33445
D	Lynelle Brown	Suite 13 8 Upper Lady Musgrave Rd	Kingston 6, Jamaica
D	Sanguinetti, Yvette	15310 Earhart Place	Wellington, FL 33414

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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 contained in Chapter 119, 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: Kerry-Ann Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/07 (561)
350-1697

Date

Daytime Phone #