

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -9 PH 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000002438

1. Corporation Name
EBS Healthcare Staffing Services, Inc.

REINSTATEMENT 04-05

2. Principal Office Address 4630 South Kirkman Rd		3. Mailing Office Address 4630 South Kirkman Road	
Suite, Apt. #, etc. #423		Suite, Apt. #, etc. #423	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32811-2802	Country USA	Zip 32811-2802	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/14/2003	
5. FEI Number 23-2720862	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Paul McCarthy	500047555215
Street Address (P.O. Box Number is Not Acceptable) 4630 South Kirkman Road	03/02/05--01007--026 **908 75
Suite, Apt. #, Etc. #423	
City Orlando	State FL Zip Code 32811-2802

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 _____ Date 2/5/05

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	Mark T. Stubits	1021 Edgemill Way	West Chester, PA 19382
V	Paul J. McCarthy	351 Sycamore Mills	Media, PA 19063

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: Mark T. Stubits Date 2/8/05 Daytime Phone # 800-578-7906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Resident

CR2E081 (01/05)