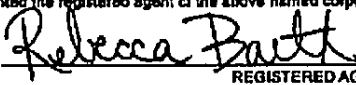


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F03000003986					
1. Corporation Name PRIME HEALTHCARE STAFFING, INC.					
2. Principal Office Address - No P.O. Box # 27240 HAGGERTY RD			3. Mailing Office Address 27240 HAGGERTY RD		
Suite, Apt. #, etc. SUITE E-15			Suite, Apt. #, etc. SUITE E-15		
City & State FARMINGTON HILLS MI			City & State FARMINGTON HILLS MI		
Zip 48331	Country US	Zip 48331	Country US	4. Date Incorporated or Qualified To Do Business in Florida 08/12/2003	
				5. FEI Number 300121328	Applied For ☐ Not Applicable
				6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, etc.					
City Plantation			State FL	Zip Code 33324	
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 		Rebecca Barth		Date 6/19/2014	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	ELIZABETH ROZELLE	27240 HAGGERTY RD, STE E-15		FARMINGTON HILLS, MI 48331	
S	MARK WIMER	240 HAGGERTY RD, STE E-15		FARMINGTON HILLS, MI 48331	
T	SCOTT RAGLAND	240 HAGGERTY RD, STE E-15		FARMINGTON HILLS, MI 48331	
10. E-mail Address: sragland@primehcs.com					
(To be used for future annual report notification)					
11. 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., and that all fees owed by the corporation have been paid. Further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.156, F.S.					
SIGNATURE: 		SCOTT RAGLAND		05/23/2014 248.488.0350	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

RE 6/20/14

6/20/2014 9:45:06 From: To: 8506176384

Division of Corporations

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Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
PRIME HEALTHCARE STAFFING, INC.**

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