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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

CR2E081 (11/10)

DOCUMENT # F03000003986

1. Corporation Name
PRIME HEALTHCARE STAFFING, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
27240 HAGGERTY RD	27240 HAGGERTY RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE E-15	SUITE E-15
City & State	City & State
FARMINGTON HILLS MI	FARMINGTON HILLS MI
Zip / Country	Zip / Country
48331 / US	48331 / 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 $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City / State / Zip Code
Plantation / FL / 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 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)

Titles	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. I 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.817.155, F.S.

SIGNATURE: Scott Ragland SCOTT RAGLAND 05/23/2014 248.488.0350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Division of Corporations

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TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
PRIME HEALTHCARE STAFFING, INC.

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