

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000003841

1. Corporation Name

Staffing Technical Services, Inc.

W1-10787

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

1314 Cape Coral Pkwy.

Suite, Apt. #, etc.

#316

City & State

Cape Coral, FL

Zip

33904

Country

U.S.A.

3. Mailing Office Address

P.O. Box 781

Suite, Apt. #, etc.

City & State

Wheaton, IL

Zip

60189

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Denise Lipskis

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

1314 Cape Coral Parkway

Suite, Apt. #, Etc.

#316

City

Cape Coral

State

FL

Zip Code

33904

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

REGISTERED AGENT MUST SIGN

Date

3-24-2010

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
CP	Denise Lipskis	1314 Cape Coral Parkway	Cape Coral, FL 33904

REINSTATEMENT

RH

10. E-mail Address: eburandt@stsigroup.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 MAR 29 AM 7:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/02/10 - 01027013 - 1200⁰⁰

500173355685

03/29/10--01018--004 **150.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida June 2005

5. FEI Number

364218524

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

☐ 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.