PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
14 DEC 30 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F13000001784

1. Corporation Name

Staffing 360 Group, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
641 Lexington Avenue	641 Lexington Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
15th Floor	15th Floor
City & State	City & State
New York, NY	New York, NY
Zip / Country	Zip / Country
10022 / USA	10022 / USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
04/24/2013

5. FEI Number — Applied For / Not Applicable (X)

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Vcorp Services, LLC

Street Address (P.O. Box Number is Not Acceptable)
5011 South State Road 7

Suite, Apt. #, Etc.
Suite 106

City / State / Zip Code
Davie / FL / 33314

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 [signature], VCORP SERVICES, LLC — Date 12/29/2014
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	MARK AIELLO	641 Lexington Avenue	New York, NY, 10022
VP	MATTHEW BRIAND	641 Lexington Avenue	New York, NY, 10022
T	JEFF R. MITCHELL	641 Lexington Avenue	New York, NY, 10022
S	JEFF R. MITCHELL	641 Lexington Avenue	New York, NY, 10022
D	BRENDAN FLOOD	641 Lexington Avenue	New York, NY, 10022

10. E-mail Address: Vanessaa@Vcorpservices.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: [signature] MARK AIELLO — 12/29/14 — 845-425-0075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

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[redacted]

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

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: notices@vcorpservices.com

CORPORATION REINSTATEMENT
STAFFING 360 GROUP, INC.

Certificate of Status	0
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