

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F96000002300

**FILED**  
**Jul 13, 2011**  
**Secretary of State**

**Entity Name:** HUMAN RESOURCES INC OF MD

**Current Principal Place of Business:**

2127 ESPEY COURT #306  
CROFTON, MD 21114

**New Principal Place of Business:**

**Current Mailing Address:**

2127 ESPEY COURT #306  
CROFTON, MD 21114

**New Mailing Address:**

**FEI Number:** 52-1665523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** TRICIA STOCK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PDS  
**Name:** SCHAFFER, TIMOTHY F  
**Address:** 3002 BENNETT POINT ROAD  
**City-St-Zip:** QUEENSTOWN, MD 21658

**Title:** CDT  
**Name:** MAYHEW, JOHN W  
**Address:** 2021 HUNTWOOD DRIVE  
**City-St-Zip:** GAMBRILLS, MD

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** TIMOTHY SCHAFFER

PRES

07/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date