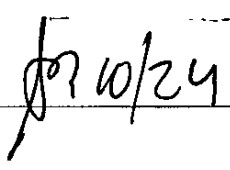


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F97000002197 1. Entity Name SHPS HUMAN RESOURCES SOLUTIONS, INC.						FILED 05 OCT 18 AM 10: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 11405 BLUEGRASS PARKWAY LOUISVILLE, KY 40299				Mailing Address 11405 BLUEGRASS PARKWAY LOUISVILLE, KY 40299			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		10032005 REIN-P CR2E098 (6/04)			
4. FEI Number 61-1169763				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Melody Freeman, Assistant Secretary</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, DAVID A 11405 BLUEGRASS PKWY LOUISVILLE, KY 40299 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400060955214 10/27/05--01004--009 **750.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RYLAND, MERLE A 11405 BLUEGRASS PKWY LOUISVILLE, KY 40299 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAICK, DAVID P 11405 BLUEGRASS PKWY LOUISVILLE, KY 40299 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>David P. Haick</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <u>10/11/05</u>			
				Daytime Phone #: <u>(502) 267-4900</u>			