PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 16 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000006046**

1. Corporation Name

STRATEGIC OUTSOURCING GROUP, INC.

Principal Place of Business	Mailing Address
4421 STUART ANDREW BLVD., STE. 200 CHARLOTTE NC 28217	4421 STUART ANDREW BLVD., STE. 200 CHARLOTTE NC 28217

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 08-99 XR 3/16/99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/10/1997

5. FEI Number: 56-1952356 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
~~OD~~ CD	~~MARIANO, STEVEN M~~ MARIANO, STEVEN M.	~~3800 ONE 1ST UNION CENTER~~ 4401 BARCLAY DOWNS DRIVE	~~CHARLOTTE NC 28202~~ CHARLOTTE, NC 28209
CSD	FOTSCH, ROBERT M	4421 STUART ANDREW BLVD., STE. 2	CHARLOTTE NC 28217
DP	BELL, DAVID G	4421 STUART ANDREW BLVD., STE. 2	CHARLOTTE NC 28217
~~V~~	~~ALMOND, TIMOTHY D~~	~~4421 STUART ANDREW BLVD., STE. 2~~	~~CHARLOTTE NC 28217~~
S	FOTSCH, ROBERT M	4421 STUART ANDREW BLVD., STE. 2	CHARLOTTE NC 28217
T	THIGPEN, JOHN B	4421 STUART ANDREW BLVD., STE. 2	CHARLOTTE NC 28217

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name: Hagen and Hagen P.A.
Street Address (P.O. Box Number is Not Acceptable): 3990 Sheridan Street
Suite, Apt. #, Etc.: 104
City: Hollywood State: FL Zip Code: 33021

CR2E040 (9/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ Date: 1/11/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____ 11/27/98 (704) 523-2191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #