

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN 26 AM 11:27

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000000645

**1. Corporation Name**

ASI Staffing Inc.

**2. Principal Office Address**

175 Broad Hollow Rd

Suite, Apt. #, etc.

City & State

Melville NY

Zip

11747

Country

USA

**3. Mailing Office Address**

175 Broad Hollow Rd

Suite, Apt. #, etc.

City & State

Melville NY

Zip

11747

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/4/1998

**5. FEI Number**

11-3325065

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CT Corporation System

700021155027

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

1200 South Pine Island Road

06/26/03--01022--014 \*\*\*00.00

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**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

Ann Laskowski

Date June 20, 2003

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
	See Attached	Listing	

**10. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey Smalheiser

Date

6/19/03

Daytime Phone #

CR2E081 (10/02)

6/26/03

**ASI Staffing, Inc.**  
(Delaware)

**DIRECTORS**

Jerome Caille	Hertistrasse 2E Wallisellen 8304 Switzerland
Felix Weber	Hertistrasse 2E Wallisellen 8304 Switzerland
Julio Arrieta	175 Broad Hollow Road Melville, New York 11747
Patrick Lyons	175 Broad Hollow Road Melville New York 11747

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**OFFICERS**

Julio Arrieta – President	175 Broad Hollow Road Melville, New York 11747
Patrick Lyons – Chief Financial Officer	175 Broad Hollow Road Melville, New York 11747
Harvey Smalheiser - Vice President, Taxes	175 Broad Hollow Road Melville, New York 11747
Jyrl Washington - Vice President, General Counsel & Secretary	175 Broad Hollow Road Melville, New York 11747
Diana R. Karabelas - Assistant Secretary, Assistant General Counsel Assistant Vice President	175 Broad Hollow Road Melville, New York 11747