

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL -6 AM 9:05

DOCUMENT # F49000004740

**1. Corporation Name**

Stafflink, Inc.

**REINSTATEMENT** 02-04  
4/28/03 01137 022 900-00

**2. Principal Office Address**

1800 Bering

**3. Mailing Office Address**

1800 Bering

Suite, Apt. #, etc.

Suite 801

Suite, Apt. #, etc.

Suite 801

City & State

Houston, TX

City & State

Houston, TX

Zip

77057

Country

USA

Zip

77057

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida 9-7-99**

**5. FEI Number**  
76-0413231

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

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code  
33324

07/07/04--01072--013 \*\*190.00  
800038845508  
07/07/04--01072--013 \*\*190.00

**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

Date 6/30/04

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
D/P	William T. Pitts	1800 Bering, Suite 801	Houston, TX 77057
D/V/T	Karen Pitts	1800 Bering, Suite 801	Houston, TX 77057
S	Isaac A. Steele	1800 Bering, Suite 801	Houston, TX 77057

**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

Date 6-29-04

Daytime Phone # 713-784-4400

CR2E081 (01/04)

7/6/04 aw