

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000004740

1. Corporation Name

Stafflink, Inc.

2. Principal Office Address - No P.O. Box #

1800 Bering Dr

Suite, Apt. #, etc.

Suite 800

City & State

Houston, TX

Zip

77057

Country

United States

3. Mailing Office Address

1800 Bering Dr.

Suite, Apt. #, etc.

Suite 800

City & State

Houston, TX

Zip

77057

Country

United States

7. Name and Address of Current Registered Agent

Name

C T 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

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

E.A. Wallace

Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 3/10/09

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
P/D	William T. Pitts	1800 Bering Dr., Suite 800	Houston, TX 77057
V/T/D	Karen Pitts	1800 Bering Dr., Suite 800	Houston, TX 77057
S	Isaac A. Steele	1800 Bering Dr., Suite 800	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 contained in Chapter 119, 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

2/24/09

Date

713-784-4400

Daytime Phone #

FILED

09 MAR 11 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900145525189

03/11/09--01017--012 **1050.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/1999

5. FEI Number
76-0413231

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.