PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

F9900005183 DOCUMENT

1. Corporation Name

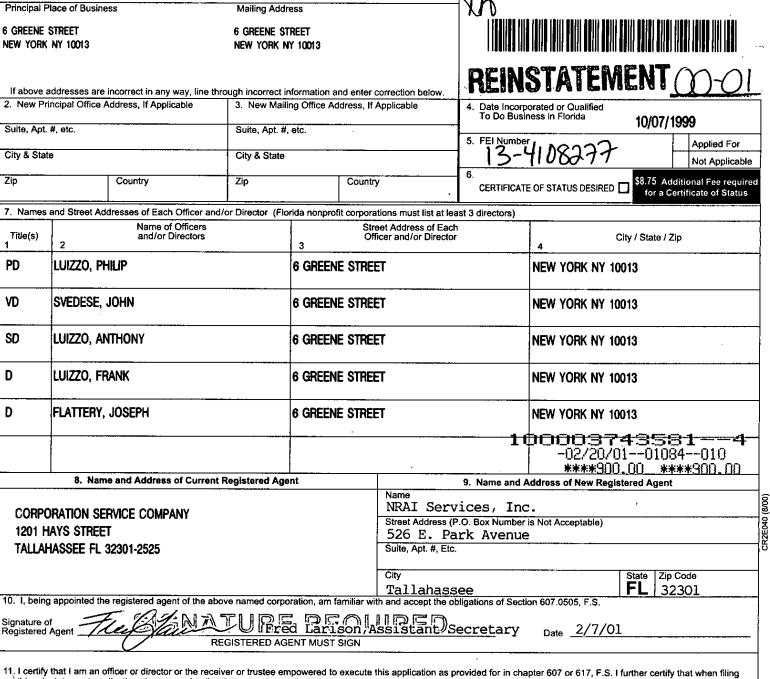
MAGLIO-ACCUFACTS PRE-EMPLOYMENT SCREENING, INC.

| ncipal Place of Business | Mailing Address |) |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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 curate, and my signature shall have the same legal effect as if made under oath. on this application is true and

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT