L00000005709

Florida Department of State

Division of Corporations

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TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850)205-0383

AL

From:

Account Name : KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES
Account Number : I19980000007
Phone : (407)425-1020
Fax Number : (407)839-3635

LIMITED LIABILITY REINSTATEMENT

IMAGEWORKS STAFFING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$200.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN -7
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005709

1. Limited Liability Company's Name
ImageWorks Staffing, LLC

2. Principal Office Address	3. Mailing Office Address
204 N Elm Street	204 N Elm St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford FL	City & State: Sanford FL
Zip: 32771 County: Seminole	Zip: 32771 County: Seminole

4. State/Country of Formation: Bay | Florida
5. Date Organized or Qualified To Do Business in Florida: 5/00
6. FEI Number: 59-3604-8119 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED: $ 8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Noal W. CURLEY
Street Address (P.O. Box Number is Not Acceptable): 204 N ELM STREET
Suite, Apt. #, Etc.:
City: SANFORD State: FL Zip Code: 32771

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Noal W. Curley Date: 1-7-2002
REGISTERED AGENT MUST SIGN

(5/98) H02000

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MS	Michelle C Stallard	6432 Lake Suzzanne Pl.	Panama City, FL 32404
MR	Noal W CURLEY	204 North Elm St	Sanford FL 32771

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: M Stallard Date: 12/22/01 Daytime Phone #: 8509149711

Typed or printed name of signing Managing Member/Manager: Michelle Stallard