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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000003948

Name and Mailing Address

0001046 01 AT 0.292 **AUTO T6 1 0615 32003-778716



IDEA STAFFING, LLC
2116 PARK FOREST COURT
ORANGE PARK FL 32003-7787



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/19/2002	
Principal Place of Business 2116 PARK FOREST COURT ORANGE PARK FL 32003	3. New Principal Place of Business Address 1279 Kingsley Ave, #113 City, State, Zip Orange Park, FL 32073	6. FEI Number 01-0614406	Applied For Not Applicable
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name CURT CAVINS	
		Street Address (P.O. Box Number is Not Acceptable) 2116 PARK FOREST CT. City ORANGE PARK, FL 32003	
10. 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 <i>Curt Cavins</i> SIGNATURE REQUIRED Date 10/23/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CAVINS, CURT A	2116 PARK FOREST COURT	ORANGE PARK FL 32003
MGR	CAVINS, SHARON M	2116 PARK FOREST COURT	ORANGE PARK FL 32003
			100024102141 10/27/03--01020--009 **150.00
			REINSTATEMENT 03 dec

12. 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

Curt Cavins **SIGNATURE REQUIRED**

Date 10/23/03

Daytime Phone # 904-592-4332

Typed or printed name of signing Managing Member/Manager CURT CAVINS

CR2E084 (7/03)