

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

700024179407

10/27/03--01122--007 **150.00

1. DOCUMENT # L02000033829

Name and Mailing Address

0009581 01 AT 0.292 **AUTO T5 2 0615 33625-328109



PREMIER STAFFING, LLC
14009 BASIN STREET
TAMPA FL 33625-3281



2. New Mailing Address

9340 North 56th St.,

City, State, Zip

Tampa, FL 33617

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/16/2002

Principal Place of Business

14009 BASIN STREET
TAMPA FL 33625

3. New Principal Place of Business Address

Same

City, State, Zip

6. FEI Number

42-1552996

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

YOUNG, TRACY
14009 BASIN STREET
TAMPA FL 33625

9. Name and Address of New Registered Agent

Name

Young, Tracy

Street Address (P.O. Box Number is Not Acceptable)

9340 North 56th St.

City

Tampa

FL

Zip Code

33617

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

Tracy Young

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-22-03

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
managing partner	Karen Young	9340 North 56th St.	Tampa, FL 33617
managing partner	Tracy Young	9340 North 56th St.	Tampa, FL 33617

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

Tracy Young

Date 10-22-03

Daytime Phone# (813) 989-3188

Typed or printed name of signing Managing Member/Manager

Tracy Young

CR2E034 (7/03)