2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 27 AM 11:14

DOCUMENT # L03000000493

1. Entity Name
PERSONNEL STAFFING GROUP, LLC

Principal Place of Business	Mailing Address
% BARNETT MANAGEMENT 7289 GARDEN RD., STE 109 RIVIERA BEACH, FL 33404	% MVP 2434 NO. HARLEM AVE., STE. B ELMWOOD PARK, IL 60707

10242005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
3680 Investment Ln	1121 Lake Cook Rd
Suite, Apt. #, etc.: Unit 1	Suite, Apt. #, etc.: Ste D
City & State: Riviera Beach FL	City & State: Deerfield IL
Zip: 33404 Country:	Zip: 60015 Country: (00)C

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPERLING MANAGEMENT GROUP, LLC C/O BARNETT MANAGEMENT 7289 GARDEN RD., STE. 109 RIVIERA BEACH, FL 33404	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sperling management Group LLC
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SPERLING MANAGEMENT GROUP, LLC 7289 GARDEN RD., STE. 109 RIVIERA BEACH, FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900060965739 10/27/05--01035--012 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David Sperling 10/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #