L04000012596

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please *print this page and use it as a cover sheet.* Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000240169 3)))

OCT -3 2012
L. SELLERS

H12000240169 3ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
12 OCT -2 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
STAFF MANAGEMENT GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$655.00

Please file 1st

FILED
12 OCT -2 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

FILED

12 OCT -2 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000012596

1. Limited Liability Company's Name
STAFF MANAGEMENT GROUP, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
172 New Street		172 New Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: New Brunswick, NJ		City & State: New Brunswick, NJ	
Zip: 08901	Country: USA	Zip: 08901	Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 02/04/2004
6. FEI Number: 52-0106558 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ [illegible]

8. Name and Address of Current Registered Agent

Name: Joseph Cline
Street Address (P.O. Box Number is Not Acceptable): 10850 Valentine Court
Suite, Apt. #, Etc.
City: Fort Meyers State: FL Zip Code: 33913

E-mail Address:
jclinecpa@aol.com
(To be used for future annual report notices)

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 ______________ Date 9/28/12
REGISTERED AGENT MUST SIGN

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
MGRM	Dennis Ceahen	172 New Street	New Brunswick, NJ 08901
MGRM	William Denino	172 New Street	New Brunswick, NJ 08901
MGRM	Kenneth Nielsen	172 New Street	New Brunswick, NJ 08901
MGRM	Joseph Cline	84 Church Road	Millington, NJ 07946

11. I certify that I am managing member/manager of 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager ______________ Date 9/28/12 Daytime Phone # 908-604-6735

Typed or printed name of signing Managing Member/Manager: Joseph Cline

FL110 - 06/18/2011 C T System Online