

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000100184

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Entity Name:** COLLEGIATE STAFFING, LLC

**Current Principal Place of Business:**

4941 LUNA NEGRA DRIVE  
ORLANDO, FL 32811

**New Principal Place of Business:**

2816 EAST ROBINSON STREET  
ORLANDO, FL 32803

**Current Mailing Address:**

4941 LUNA NEGRA DRIVE  
ORLANDO, FL 32811

**New Mailing Address:**

2816 EAST ROBINSON STREET  
ORLANDO, FL 32803

**FEI Number:** 38-3805628

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NIX, MIKAELA  
4941 LUNA NEGRA DRIVE  
ORLANDO, FL 32811 US

**Name and Address of New Registered Agent:**

NIX, MIKAELA  
2816 EAST ROBINSON STREET  
ORLANDO, FL 32803 US

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.

SIGNATURE: MIKAELA NIX

09/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NIX, MIKAELA  
Address: 1134 POINTE NEWPORT TERRACE #208  
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MIKAELA NIX

MGRM

09/28/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date