

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M00000001167**

1. Limited Liability Company's Name

Options Specialty Staffing, LLC

REINSTATEMENT 2001

2. Principal Office Address

40 Exchange Pl

Suite, Apt. #, etc.

Suite 800

City & State

New York, NY

Zip Country

10005 U.S.A

3. Mailing Office Address

40 Exchange Pl

Suite, Apt. #, etc.

Suite 800

City & State

New York, NY

Zip Country

10005 U.S.A

4. State/Country of Formation

New York, U.S.A

5. Date Organized or Qualified To Do Business in Florida

July 2000

6. FEI Number

13-401134

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Options Specialty Staffing, LLC

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

625 17th St

Suite, Apt. #, Etc.

City

Vero Beach

State
FL

Zip Code

32960

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

Katherine Harris

Date

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
Pres	Gerard Olbeter	118 Ladelaff Pl	Morganville, NJ 07751

11. 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

Gerard Olbeter

Date

10/15/01

Daytime Phone #

212-344-4300

Typed or printed name of signing Managing Member/Manager

Gerard Olbeter