

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

AND FILED

02 OCT 29 AM 9:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # M0000001167
 Name and Mailing Address

0008720 01 FP 0.352 **PRSRT HB 0 0615 10005-276000
 OPTIONS SPECIALTY STAFFING, LLC
 40 EXCHANGE PLACE, SUITE 800
 NEW YORK NY 10005-2760

REINSTATEMENT 7002



2. New Mailing Address		4. State/Country of Formation NY	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/15/2000	
Principal Place of Business 40 EXCHANGE PLACE, SUITE 800 NEW YORK NY 10005	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 13-4101136	Applied For Not Applicable
8. Name and Address of Current Registered Agent OPTIONS SPECIALTY STAFFING, LLC 625 17TH STREET VERO BEACH FL 32960		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

9. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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: *Gerard Olbeter* REGISTERED AGENT MUST SIGN Date: 10-23-02

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
P	OLBETER, GERARD	118 RADCLIFF PL	MORGANVILLE NJ 07751

000008643480
 10/29/02--01028--002 **100.00
 03-07-02 90038 005
 \$55.00

TB

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: *Gerard Olbeter* Date: 10-23-02 Daytime Phone #212-344-4300
 Typed or printed name of signing Managing Member/Manager: Gerard T. Olbeter

CFR2E084 (8/02)