

M02000001730

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 22 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001730

1. Limited Liability Company's Name

MOBILE MEDICAL STAFFING, L.L.C.

REINSTATEMENT

2003-
2004

2. Principal Office Address

5600 KENTSHIRE DR

Suite, Apt. #, etc.

SUITE 1

City & State

DAYTON, OHIO

Zip

45440-2963

Country

USA

3. Mailing Office Address

5600 KENTSHIRE DR

Suite, Apt. #, etc.

SUITE 1

City & State

DAYTON, OHIO

Zip

45440-2963

Country

USA

4. State/Country of Formation

OHIO / MONTGOMERY

5. Date Organized or Qualified
To Do Business in Florida

7/01/02

6. FEI Number

31-1784326

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ROBERT A LAYMAN

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

4801 AIRPORT RD #107

Suite, Apt. #, Etc.

#107

City

ZEPHYRHILLS

State

FL

Zip Code

33542-5201

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

Robert A Layman

REGISTERED AGENT MUST SIGN

Date

6/9/04

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	RICHARD L. BROWN	699 ESSEX WAY CENTERVILLE, OH 45429	CENTERVILLE, OH 45429
MGRM	ROBERT A. LAYMAN	6189 AFTON DR	DAYTON, OH 45415

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

R. L. Brown

Date

6/8/04

Daytime Phone #

937-424-4667

Typed or printed name of signing Managing Member/Manager

RICHARD L. BROWN

800-432-8050

CR2E041 (10/02)