

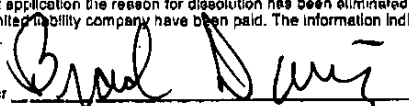


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M03000001919</b>			
<b>1. Limited Liability Company's Name</b> <b>COASTAL STAFFING, LLC</b>			
<b>2. Principal Office Address - No P.O. Box #</b> <b>6155 Shiloh Road</b>		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc. <b>Suite A</b>		Suite, Apt. #, etc.	
City & State <b>Alpharetta, GA</b>		City & State	
Zip <b>30005</b>	Country <b>USA</b>	Zip	Country
<b>4. State/Country of Formation</b> <b>Georgia</b>		<b>5. Date Organized or Qualified To Do Business in Florida</b> <b>6/12/2003</b>	
<b>6. FEI Number</b> <b>58-2654615</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>			
<b>8. Name and Address of Current Registered Agent</b> <b>Tyette Colon</b> Street / Address (P.O. Box Number is Not Acceptable) <b>6355 North West 36th Street #500</b> Suite, Apt. #, Etc.			
City <b>Virginia Gardens</b>		State <b>FL</b>	Zip Code <b>33166</b>
<b>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.</b> Signature of Registered Agent  Date <b>2/26/07</b> <b>REGISTERED AGENT MUST SIGN</b>			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles <b>Mgr</b>	Name of Managing Members/Managers <b>Brad Dunning</b>	Street Address of Each Managing Member/Manager <b>6455 Shiloh Road, Suite A</b>	City / State / Zip <b>Alpharetta, GA 30005</b>
<b>REINSTATEMENT 2005-2007</b> <b>400091557934</b> <b>03/07/07--01035--008 **150.00</b>			
<b>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.</b> Signature of Managing Member/Manager  Date <b>2-26-07</b> Daytime Phone # <b>678-807-0132</b> Typed or printed name of signing Managing Member/Manager <b>Brad Dunning</b>			