

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra P. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000022**

MANPOWER FRANCHISES LLC
5301 N IRONWOOD RD
MILWAUKEE WI 53217
ATTN: CORPORATE TAX

1a. Principal Place of Business Address
5301 N IRONWOOD RD
MILWAUKEE WI 53217

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1/16/96	DE
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		39-1837629	
				5. Date of Last Report	6. Certificate of Status Desired
				4/20/97	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code

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

Date

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
mgr	JOEL W BILLER	5301 N IRONWOOD RD	MILWAUKEE, WI 53217
mgr	JOHN SIMON	5301 N IRONWOOD RD	MILWAUKEE, WI 53217
mgr	MICHAEL J LYNCH	5301 N IRONWOOD RD	MILWAUKEE, WI 53217

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REINSTATEMENT 1998

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

Date 11/10/98

Daytime Phone #

(414) 961-1000

Typed or printed name of signing Managing Member/Manager

MICHAEL J. LYNCH VICE PRESIDENT