

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000005405

FILED
Oct 22, 2009
Secretary of State

Entity Name: JOBS 4 USA, INC.

Current Principal Place of Business:

1547 SCOTT STREET STE D
TAMPA, FL 33605

New Principal Place of Business:

1566 NUCCIO PRKY
SUITE B
TAMPA, FL 33605

Current Mailing Address:

PO BOX 173091
TAMPA, FL 33672

New Mailing Address:

PO BOX 172102
TAMPA, FL 33672

FEI Number: 26-2748197 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NICK SPRADLIN, PPLC
12000 NORTH DALE MABRY HWY STE 110
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

DARRELL SMITH CONSULTING
6916 N. 30TH ST
TAMPA, FL 33610 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DARRELL SMITH

10/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, JO ANNA M
Address: 1547 SCOTT STREET STE D
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: HAGER, WILLIAM
Address: 1547 SCOTT STREET STE D
City-St-Zip: TAMPA, FL 33605

Title: D (X) Delete
Name: PETERS, KRISTINE
Address: 1547 SCOTT STREET STE D
City-St-Zip: TAMPA, FL 33605

Title: D (X) Delete
Name: SMITH, LEWANDA
Address: 1547 SCOTT STREET STE D
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: WILLIAMS, JO ANNA M
Address: 1566 NUCCIO PRKY, SUITE B
City-St-Zip: TAMPA, FL 33605

Title: PRES (X) Change () Addition
Name: SMITH, DARRELL
Address: 6916 N. 30TH ST
City-St-Zip: TAMPA, FL 33610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL SMITH

PRES

10/22/2009

Electronic Signature of Signing Officer or Director

Date