

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

192

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 17 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002461

1. Corporation Name

Keystone Staffing, Inc.

2. Principal Office Address

2550 NW 72 Ave

Suite, Apt. #, etc.

Suite 207

City & State

Miami FL

Zip

33122

Country

USA

3. Mailing Office Address

2550 NW 72 Ave

Suite, Apt. #, etc.

Suite 207

City & State

Miami FL

Zip

33122

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/99

5. FEI Number

65-0990581

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Albert Fernandez

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

2550 NW 72 Ave

Suite, Apt. #, Etc.

Suite 207

City

Miami

700003491357-7

-12/08/00-01022-004

***150.00 ***150.00

State

FL

Zip Code

33122

8. Being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

Date 11-15-00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Albert Fernandez	2550 NW 72 Ave # 207	Miami, FL 33122

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-15-00

Daytime Phone #

305-639-2595

202

Keystone Staffing, Inc.
2550 NW 72nd Avenue
Suite 207
Miami, FL 33122

November 15, 2000

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

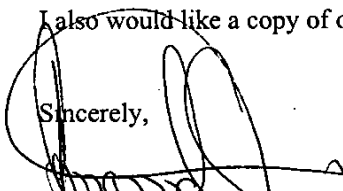
Ref: Keystone Staffing, Inc.

To Whom It May Concern:

I am writing to file our Annual Report. We never received the Annual Report form from your office and when I called your office to request the appropriate forms I was informed to include this letter so that your office would waive the late penalty. Enclosed please find an annual report form and check #21275 in the amount of \$150.00. Thank you for your prompt attention to this matter. Please change the suite number to 207.

I also would like a copy of our Articles of Incorporation sent to us.

Sincerely,


Albert Fernandez
Keystone Staffing, Inc.

AF/ch