


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W05-52012
DOCUMENT # P00000084605			
1. Corporation Name STAFF BROKERS - R-US, INC.			
2. Principal Office Address 6302 MANATEE AVE W.		3. Mailing Office Address 6302 MANATEE AVE W	
Suite, Apt. #, etc. Suite K		Suite, Apt. #, etc. Suite K	
City & State BRADENTON FL		City & State BRADENTON FL	
Zip 34209	Country MANATEE	Zip 34209	Country MANATEE

05 DEC -7 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **04-05**

11/18/04 01070 D08 \$150.00
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-1039853	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name CHARLES P HOWARD		
Street Address (P.O. Box Number is Not Acceptable) 6302 MANATEE AVE W.		
Suite, Apt. #, Etc. Suite K		
City BRADENTON	State FL	Zip Code 34209

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **Charles P Howard** Date **12/2/05**
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
PRES.	CHARLES P HOWARD	6302 MANATEE AVE W Suite K	BRADENTON FL 34209
Director	KERRI L. HOWARD	6302 MANATEE AVE W Suite K	BRADENTON FL 34209
SEC.			

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: **Charles P Howard**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/05 **941-761-2532**
Date Daytime Phone #