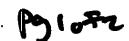
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000097661

1. Corporation Name

COMPLETE STAFFING, INC.

Principal Place of Business

Mailing Address

7071 W. COMMERCIAL BLVD.

7071 W. COMMERCIAL BLVD.

SUITE 2C

SUITE 2C TAMARAC FL 33319 FILED

01 DEC 24 PM 2: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA



IAMARAC PL 33319			. 33013			•		
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Ma			incorrect information and enter correction below. New Mailing Office Address, If Applicable site, Apt. #, etc. ty & State		Date Incorporated or Qualified To Do Business in Florida			
Suite A					10/16/2000			
Suite, Apt. #, etc.					5. FEI Number Applied For			
City & State City					65-104 9057 Not Applicable			
Zíp	Country	Zip	Coun	Browled	6.		8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer	and/or Director (Fl	orida nonprofit corpo	rations must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
D	BOTORILY, FAITH		= 7071 W. COMMERCIAL BLVD., SUITE			TAMARAC FL 33319		
D	RIESS, DOROTHY-	7071-W. COMMERCIAL BLVD., SUITE			TAMARAO-FL-33319			
D	HOLNESS, KAVINE	7071 W. COMMERCIAL BLVD., SUITE			TAMARAC FL 33319			
						-01/17/02 ****150.00	0601; ; 01016015 ****150.00	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
BOTCHEY, FAITH KAVINE E. HOINESS 7071 W. COMMERCIAL BLVD. SUITE 2C TAMARAC FL 33319				70 7 / Suite, Apt. #, Etc	WIL	Ei HOINGS or is Not Acceptable) commercial D	Sludy JC ate Zip Code L 333/9	
10. I, beir Signature Registered		Noher	in the second	with and accept the c	obligations of Sec	Date	- 13331	
11. I certif this re	y that I am an officer or director or the instatement application, the reason for	receiver or trustee e dissolution has bee	empowered to execu en eliminated, the cor	te this application as porate name satisfies	provided for in c s the requiremen	hapter 607 or 617, F.S. I furth	ner certify that when filling 7.0401, F.S., that all fees	

1.1. 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.

HOINESS

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/01 MU



7071 West Commercial Blvd Suite 2c Tamarac Florida 33319

Division Of Corporations

November 27,2001

Florida Department Of State Division Of Corporations P.O. Box 6327 Tallahassee, Florida32314

Dear Sir or Madam:

Pursuant to our telephone conversation on 11/26/01, enclosed is a money order in the amount of \$150.00 for reinstatement of Complete Staffing Inc.

The only information our office received from the Division Of Corporation is the Certificate Of Administrative Dissolution. We never received a renewal package from your office and we were not aware that we should have received a renewal package.

During my conversation with your office I also informed the representative I spoke with that Dorothy Riess and Faith Botchey are no longer with complete staffing, I was told to cross their names off the sheet and inform your office in writing which I am doing at this time

Thanks for your attention in this matter.

Sincerely,

Kavine É. Holness Assistant Administrator