

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 30 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000097811

1. Corporation Name

SOURCE 1 STAFFING

2. Principal Office Address

22 E. New Haven Ave

Suite, Apt. #, etc.

3. Mailing Office Address

22 E. New Haven Ave

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Melbourne FL

Zip

32901

Country

USA

Zip

32901

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/00

5. FEI Number

59-3677753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBYN HATFIELD

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

575 AUSTRALIAN RD NW

Suite, Apt. #, Etc.

City

PALM BAY

State
FL

Zip Code

32907

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/29/02

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
P	ROBYN HATFIELD	575 AUSTRALIAN RD NW	PALM BAY FL 32907

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/02

Daytime Phone #

CR2E081 (9/01)

js 11/6/02