

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 26 AM 11:08

DOCUMENT # P00000101452

1. Corporation Name

NET-STAFF SOLUTIONS, INC.

Principal Place of Business

3325 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021

Mailing Address

3325 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1120219190210

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO/Pres	KEN SOOKER	3325 Hollywood Blvd #500	Hollywood, FL 33021

100004698261--6

11/23/01 81047 013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

KORTE, BRIAN K ESQ.
3880 SHERIDAN ST.
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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

Daytime Phone #

10/1/01

954-985-2437

To whom it may concern,

Please accept my \$150.00 for
my Corporate Annual Report Fee. The
address is incorrect. The proper
address is 3325 Hollywood Blvd
Suite 500
Hollywood, FL 33021

Thank you very much. If you
have any questions please call Ken
Jochen at 954-985-2437.

Sincerely
Ken Jochen