

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -2 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06

DOCUMENT # P01000065665

1. Corporation Name

Crististaff, Inc.

2. Principal Office Address

6221 Graves St.

Suite, Apt. #, etc.

3. Mailing Office Address

6221 Graves St.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip 32210 Country USA

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Jacksonville, FL

Zip 32210 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-02-2001

5. FEI Number

593731634

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

Brant, Abraham, Reiter, McCormick & Greene, P.A.

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

50 N. Laura St.

Suite, Apt. #, Etc.

Suite 2750

City

Jacksonville

State

FL

Zip Code

32202

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 2/27/06

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
CEO	Wade, Scott E.	6221 Graves St.	Jacksonville, FL 32210
SEC	Wade, Warren E.	550 Comet #11	Jacksonville, FL 32205

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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 contained in Chapter 119, 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

[Signature] Scott E. Wade, CEO (Scott E. Wade) 2-27-06 (904) 535-6264

Date

Daytime Phone #