

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 21 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000092941

1. Corporation Name

FLORIDA STAFFING SERVICES GROUP, INC.

2. Principal Office Address

1820 W 53 ST

3. Mailing Office Address

Suite, Apt. #, etc.

109

Suite, Apt. #, etc.

City & State

HALEAH, FL.

City & State

Zip

33012

Country

USA

Zip

Country

5. FEI Number

65-1140128

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

ELISA FERNANDEZ

900035256249

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

1820 W 53 ST #

Suite, Apt. #, Etc.

109

City

HALEAH

State

FL

Zip Code

33012

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

REGISTERED AGENT MUST SIGN

Date

4/21/04

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
PST	ELISA FERNANDEZ	1820 W 53 ST # 109 HALEAH, FL 33012	HALEAH, FL 33012

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:

Elisa Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/04

Daytime Phone #

(305) 3030486

2052

Monday, April 5th, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES ST.
TALLAHASSEE, FL. 32399

REF.: FLORIDA STAFFING SERVICES GROUP, INC.
P01000092941

THE PURPOSE OF THIS LETTER IS TO LET YOU KNOW THAT I, **FLORIDA STAFFING SERVICES GROUP, INC.**, HAVENT BEEN ABLE, TO MAIL YOU THE UBR TO FACT, THAT UP TO THE ABOVE DATE, I HAVE NOT RECEIVE YOUR FORM TO EXECUTE IT.

I APOLOGY, FOR NOT WRITING YOU ERLIER, BUT I WAS WAITING FOR THE MAIL.



RESPECTFULLY YOURS,



FLORIDA STAFFING SERVICES GROUP, INC.
ELISA FERNANDEZ