

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000013185

1. Corporation Name

HIRESOLUTIONS, INC.

2. Principal Office Address - No P.O. Box #
1813 GLEN CANNON DR.

3. Mailing Office Address
1813 GLEN CANNON DR.

Suite, Apt. #, etc.
#4

Suite, Apt. #, etc.
#4

City & State
PISGAH FOREST NC

City & State
PISGAH FOREST NC

Zip Country
28768 USA

Zip Country
28768 USA

FILED
08 MAR 25 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900121196909
03/25/08--01017--014 **600.00

REINSTATEMENT 05-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number Applied For
01-0618386 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
**MANNY FIGUEROA, CPA C/O MANNY FIGUEROA CPA,
P.A.**

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

Suite, Apt. #, Etc.

City State Zip Code
CORAL GABLES FL 33134

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **2/27/08**

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
D	BERYL W. BRADLEY	1813 GLEN CANNON DR #4	PISGAH FOREST NC 28768

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

BERYL W. BRADLEY

2/25/08

(305) 446-1120

Date

Daytime Phone #