

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -6 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000025378**

1. Corporation Name

Labor Factors, Inc.

REINSTATEMENT 03

500023589975
10/06/03--01073--002 **150.00

2. Principal Office Address

11010 N.W. 92nd Terr.

3. Mailing Office Address

11010 NW 92nd Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33178

Country

US

Zip

33178

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3/7/02

5. FEI Number

None

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

Kevin Mercer

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

1300 NE Miami Gardens Drive

Suite, Apt. #, Etc.

Suite 1020

City

Miami

State
FL

Zip Code

33179

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

Kevin Mercer

Date

10/1/03

REGISTERED AGENT MUST SIGN

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	Kevin Mercer	1300 NE Miami Gardens Dr.	Miami FL 33179

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:

Kevin Mercer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRCE081 (10/02)

2010/7

Labor Factors, Inc.


11010 NW 92nd Terrace
Miami, Florida 33178

To Whom It May Concern:

This memo will serve as a request to accept the enclosed \$150.00 filing fee. The company had no intention of dissolving, and plans on continuing to do business and pay filing fees timely in the future. The only reason the fee was not paid timely this year is because we never received our uniform business report. I'm sure your office mailed it, but we moved our office without contacting your office, and the company that took over our old location was not responsible about forwarding our mail as they promised.

Thank you for your time and attention.

Sincerely,

 10/1/03
Kevin Mercer
President
Labor Factors, Inc.