PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # 100 000 35 07 1. Corporation Name AARLICE SKILLED LABOR, INC. 2. Principal Office Address 3.047 GLENWOOD COURT Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State SAFETY HARBOR, FL Zip Country JA4695 Country JA595 Country JA695 Country J	CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE SECRETARY OF ST						FILED 04 MAY 21 AM 3: 25			
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. City & State SAFETY HARBOR, FL SAFETY HARBOR, FL Zip 34695 Country USA Country USA To name and Address of Current Registered Agent Name D & B CORPORATE SERVICES, INC. Sirred Address (P.O. Box Number is Not Acceptable) Sulfe, Apt. # Erc. Sulfe, Ap	1. Corporati	ion Name	020 BOR, INC.	00035	707		Ι.	udukliary of Si Allahassee, Flo	ACTE ORIDA	
City & State SAFETY HARBOR, FL SITE Number NONE Street Address of Current Registered Agent Name D & B CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) Street Address of State Stat	Suite, Apt. #, etc. Suite, Apt. #, etc.								0304	
Zip 34695 Country USA Zip Country USA 7. Name and Address of Current Registered Agent Name D & B CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Sulf, Apt. #, Etc. Sulf, Etc. City St. PETERSBURG, St. 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 Registered Agent Titles Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors D/P GUY GANNAWAY 3047 GLENWOOD COURT SAFETY HARBOR, FL 34695 D/VP MARK J. STALKER 345 BELLE POINT DRIVE ST. PETE BEACH, FL 33706				1 *			To Do Business in Florida 04/01/2002 5. FEI Number Applied For			
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Sulte, Apt. #, Etc. SUITE 202 City ST. PETERSBURG, State Signature of Registered Agent 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 Officers and/or Directors Officers and/or Directors D/P GUY GANNAWAY 3047 GLENWOOD COURT ST. PETE BEACH, FL 33706										
SUITE 202 City ST. PETERSBURG, State Sta		Street Address (P.O. 5999 CENTRA	Box Number is N L AVENUE							
ST. PETERSBURG, St. I, being appointed the registered agent of the above narroad-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 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 Officer and/or Director D/P GUY GANNAWAY 3047 GLENWOOD COURT SAFETY HARBOR, FL 34695 D/VP MARK J. STALKER 345 BELLE POINT DRIVE ST. PETE BEACH, FL 33706		City					06/01/0401026005 **8.7 State Zip Code			
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Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director SAFETY HARBOR, FL 34695 D/VP MARK J. STALKER 345 BELLE POINT DRIVE ST. PETE BEACH, FL 33706									· 	
D/P GUY GANNAWAY 3047 GLENWOOD COURT SAFETY HARBOR, FL 34695 D/VP MARK J. STALKER 345 BELLE POINT DRIVE ST. PETE BEACH, FL 33706		and Street Addresses of		d/or Director (Florida				01.10		
D/VP MARK J. STALKER 345 BELLE POINT DRIVE ST. PETE BEACH, FL 33706	Titles	Officers	and/or Directors	3	Officer and/or Director					
	D/P	GUY GANNAW	/AY	3	3047 GLENWOOD COURT			SAFETY HARBOR, FL 34695		
	D/VP	MARK J. STALI	KER	3	345 BELLE POINT DRIVE			ST. PETE BEACH, FL 33706		
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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 filling 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 NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone	this reir owed b on this	nstatement application, by the corporation have to application is true and a	the reason for dis been paid and the accurate, and my	solution has been eli a names of individual signature shall have	minated, the corporate nam s listed on this form do not o the same legal effect as if n	ne satisfies qualify for a made unde	the requirements an exemption und roath.	s of section 607.0401 or 617.0 der section 119.07(3)(i), F.S. T	401, F.S., that all fees he information indicated	