

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 21 AM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

PO2 0000 35102

1. Corporation Name

AARLICE SKILLED LABOR, INC.

2. Principal Office Address

3047 GLENWOOD COURT

3. Mailing Office Address

3047 GLENWOOD COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL

City & State

SAFETY HARBOR, FL

Zip

34695

Country

USA

Zip

34695

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/01/2002

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

D & B CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)  
5999 CENTRAL AVENUE

Suite, Apt. #, Etc.  
SUITE 202

City  
ST. PETERSBURG,

900037438219

06/01/04--01026--004 \*\*900 00

900037438219

06/01/04--01026--005 \*\*8.75

State  
FL

Zip Code  
33710

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]* President D+B

Date

5-19-04

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
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

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 2004

Date

Daytime Phone

*[Signature]*

CR2E081 (01/04)