

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

04 MAR -1 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000039551**

**1. Corporation Name**

MAYFIELD STAFFING SERVICES, INC.

**2. Principal Office Address**

P.O. BOX 227323

Suite, Apt. #, etc.

**City & State**

MIAMI, FL

**Zip**

33122

**Country**

**3. Mailing Office Address**

P.O. BOX 227323

Suite, Apt. #, etc.

**City & State**

MIAMI, FL

**Zip**

33122

**Country**

**4. Date Incorporated or Qualified**

To Do Business in Florida 04-11-2002

**5. FEI Number**

33-1000226

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

MARIA A. SUCKEL

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

4744 NW 114 AVE

**Suite, Apt. #, Etc.**

#105

**City**

MIAMI

**State**

FL

**Zip Code**

33178

**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**

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

**Date**

**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/D	MARIA A. SUCKEL	P.O. BOX 227323	MIAMI, FL 33178

REINSTATEMENT 03-04

**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:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

CR2E061 (01/04)

*Payer*


TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UPDATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT WE DID NOT RECEIVE THE UNIFORM BUSINESS REPORT FOR 2003, 2004. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,

  
\_\_\_\_\_  
MARIA A. SUCKEL  
PRESIDENT