PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	04 FEB -2 AM IO: 18 SECRETARY OF STATE TALLAHASSEE FLORIDA
DOCUMENT # PB2000090471 1. Corporation Name Critical Concepts Staffing FNC.		TO CONTRACT OF THE PROPERTY OF
	·	REMOTATEMENT 03-04
2. Principal Office Address  3201 Griff J RJ  Suite, Apt. #, etc.	3. Mailing Office Address 320   Griff N 73 Suite, Apt. #, etc.	300028062373 02/02/0401104001 **488.75
# 205 City & State	20 S City & State	4. Date Incorporated or Qualified To Do Business in Florida 8 20 202
Ff Lauder dale	A Lauderdale	5. FEI Number Applied For Not Applicable
F USA	Zip Country USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name  Tesus Pachaco  Street Address (P.O. Box Number is Not Acceptable)  3201 Griffin Pond Suite, Apt. #, Etc.  City  Ft Landendale FL  State Zip Code FL 33312		
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 Date  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	, , , , , , , , , , , , , , , , , , , ,	or City / State / Zip
PD Timothy Nic	s 3201 601fm	Fredericale fr 77317 ad #205 Fredericale fr 77317 fredericale fr 33312
VD Shara Happy	of Louderdale	ad #725 Suite 205 FL73312 Ft Lauderdole ft 33312
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 the signature shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dat		

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January 9, 2004

Division of Corporations PO Box 6327 Tallahassee, FL 32314

## Dear Sir:

I spoke to Kathy Ashton today from the Florida Division of Corporation regarding Critical Concepts Staffing, Inc. Our correct mailing address is 1407 SW 10<sup>th</sup> Street, Ft. Lauderdale, Florida 33312. We did not receive the August 8, 2003 letter that Ms. Ashton said was mailed because it was mailed to the wrong address (1401 SW 10<sup>th</sup> Street).

Please accept the reinstatement by accepting the fee of \$550 for 2003 and \$150 minus \$211.25 which I have on file, which leaves \$488.75 (check enclosed).

Please call me for any questions. 954.445.6200

/ hm

The address on the reinstatement form is correct as of 1/28/04