

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000116895

1. Corporation Name

STAFF SERVICING SOLUTIONS, INC.

Principal Place of Business

1001 NORTH FEDERAL HWY.
SUITE 350
HALLANDALE FL 33009

Mailing Address

1001 NORTH FEDERAL HWY.
SUITE 350
HALLANDALE FL 33009

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1406 FLETCHER ST

Suite, Apt. #, etc.

City & State

Hollywood, FL 33020

Zip Country

33020 Broward

3. New Mailing Office Address, If Applicable

1406 FLETCHER ST

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip Country

33020 Broward



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2002

5. FEI Number

33-1028805

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CHAVIANO, RALPH	1001 NORTH FEDERAL HWY., SUITE 3	HALLANDALE FL 33009

000024380420
11/03/03--01062--022 **750.00

8. Name and Address of Current Registered Agent

PARKS, STEVEN N
1940 HARRISON STREET
SUITE 302
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

RALPH CHAVIANO

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

1406 FLETCHER ST

Suite, Apt. #, Etc.

Hollywood

City

Hollywood

State

FL

Zip Code

33020

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/27/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/03

Date

305-494-2102

Daytime Phone #

CR2E040 (7/03)