

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000072214

1. Corporation Name

Nurse Placers, Inc.

W070000662301

2. Principal Office Address - No P.O. Box #

4560 Sheridan Ave

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

4560 Sheridan Ave

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

USA

7. Name and Address of Current Registered Agent

Name

Craig M. Dorne, PA

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

407 Lincoln Road

Suite, Apt. #, Etc.

Penthouse Southeast

City

Miami Beach

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date **12/27/07**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/2003

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (1/07)

FILED

07 DEC 31 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	Emilya Nalbandyan	4560 Sheridan Ave	Miami Beach, FL 33140
			700115399087 01/17/08--01034--010 **150.00
			700115399087 01/17/08--01034--011 **450.00

02. Williams DEC 31 2007

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/07

Date

Daytime Phone #