

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 JUL 29 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000146754

1. Corporation Name

DMF STAFFING, INC.

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

1180 SYLVERTIS

Suite, Apt. #, etc.

City & State

WATERFORD, MI

Zip

48328

Country

USA

3. Mailing Office Address

1180 SYLVERTIS

Suite, Apt. #, etc.

City & State

WATERFORD, MI

Zip

48328

Country

USA

500133716969  
07/29/08--01024--005 \*\*458.75

REINSTATEMENT

06-08

4. Date Incorporated or Qualified  
To Do Business in Florida

DECEMBER 5, 2003

5. FEI Number

20-0454360

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

CT Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ 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.

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

*Kristine Heiberger*  
REGISTERED AGENT MUST SIGN

Kristine Heiberger  
Assistant Secretary

Date 7/8/08

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	MARY SMITH	1180 SYLVERTIS	WATERFORD, MI 48328
V	DANIEL A. BEAUDOIN	1180 SYLVERTIS	WATERFORD, MI 48328
T	CHRISTOPHER FRY	1180 SYLVERTIS	WATERFORD, MI 48328

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 807 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:

*Chris Fry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/08

Date

248-674-0020

Daytime Phone #

7/30/08