


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 MAR 20 AM 11:07

STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P04000026080

1. Corporation Name

Kelly Group of Miami

REINSTATEMENT 05-06

2. Principal Office Address

8325 NW 64 St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Zip

FL

Country

Bade

Zip

33166

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

34-1978885

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

Leida Samame

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

8325 NW 64 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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

Leida Samame

Date 02-28-06

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| PO     | Samame Leyda                         | 8325 NW 64 St #103                                | Miami Beach<br>FL 33135 |
| VO     | Danny Hernandez                      | Same  | Same                    |
| D      | Hernandez Rosa                       | Same  | Same                    |
| SD     | Gonzalez Rosio                       | Same  | Same                    |
|        |                                      |   |                         |
|        |                                      |   |                         |

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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:

Leida Samame

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-06

Date

Daytime Phone #