

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000160040

1. Corporation Name

Healthcare Staffing Solutions, Inc.

REINSTATEMENT

FILED

09 JAN 15 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07-09
201/22

800140842658
01/15/09--01023--022 **450.00

CR2E081 (12/08)

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

9441 West Sample Road

3. Mailing Office Address

9441 West Sample Road

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

210

City & State

Coral Springs, Florida

City & State

Coral Springs, Florida

Zip

33065

Country

USA

Zip

33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/04

5. FEI Number
20-1935500

☐ 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
Laurie Childress

Street Address (P.O. Box Number is Not Acceptable)
9441 West Sample Road

Suite, Apt. #, Etc.
210

City
Coral Springs, Florida

State
FL

Zip Code
33065

☒ 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

REGISTERED AGENT MUST SIGN

Date January 12, 2009

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
Pres	Laurie Childress	9441 West Sample Road	Coral Springs, Florida, 33065
VP	Maureen Prunotto	9441 West Sample Road	Coral Springs, Florida, 33065
secty	Donald Babchick	9441 West Sample Road	Coral Springs, Florida, 33065

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

Laurie Childress

1/12/2009

954 752 9897

Date

Daytime Phone #