

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 SEP 25 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000009268

1. Corporation Name
ADRESUSA INTERNATIONAL STAFFING & COUNSELING, INC.

REINSTATEMENT 06-07 RES
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
3425 Collins Avenue

3. Mailing Office Address
3425 Collins Avenue

Suite, Apt. #, etc.
Apt. 1205

Suite, Apt. #, etc.
Apt. 1205

City & State
Miami Beach, Florida

City & State
Miami Beach, Florida

Zip Country
33140

Zip Country
33140

4. Date Incorporated or Qualified To Do Business in Florida 01/18/2005

5. FEI Number 11-3741287 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
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22nd Street

Suite, Apt. #, Etc.
4th Floor

City State Zip Code
Miami FL 33145

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.
SPIEGEL & UTRERA, P.A.

Signature of Registered Agent By: Natalia Utrera Date 9-24-07
Natalia Utrera, Vice President 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 Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
PSTD	Pond, John K.	3425 Collins Avenue, Apt. #1205	Miami Beach, Florida 33140

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09/28/07--01055--023 **300.00

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: John K. Pond Date 9/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #