

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 22 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000140871

1. Corporation Name

Federal Staffing Solutions, Inc.

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

627 DeSoto Drive

3. Mailing Office Address

PO Box 532078

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Casselberry, Florida

City & State

Orlando, Florida

Zip

32707

Country

USA

Zip

32853-2078

Country

USA

100151800101
04/22/09--01021--024 **600.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
27-0131712

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

Francisco J. Mayo

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

627 DeSoto Drive

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

☒ 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 17 April 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
C.E.O.	Francisco J. Mayo	627 DeSoto Drive	Casselberry, Florida 32707

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:

Francisco J. Mayo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 April 2009

Date

407-445-2222

Daytime Phone #