

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000044824

1. Entity Name  
RMS LABOR SOURCE, INC.



FILED

07 DEC 28 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11052007 REIN-P CR2E098 (1/07)

Principal Place of Business  
8297 CHAMPIONS GATE  
BLVD # 155  
CHAMPIONGATE, FL 33896

Mailing Address  
8297 CHAMPIONS GATE  
BLVD # 155  
CHAMPIONGATE, FL 33896

2. Principal Place of Business - No P.O. Box #  
8297 Champions Gate Blvd  
Suite, Apt. #, etc.  
# 350

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Champions Gate FL  
Zip  
33896

City & State  
Zip  
Country

4. FEI Number  
51-0571804  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
RIVERA-MEDEL, MODESTO  
8297 CHAMPIONS GATE  
SUITE #155  
CHAMPION GATE, FL 33896

7. Name and Address of New Registered Agent  
Name  
Modesto Rivera Medel  
Street Address (P.O. Box Number is Not Acceptable)  
8297 Champions Gate Blvd #350  
City  
Champions Gate FL Zip Code  
33896

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Modesto Rivera*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
12/17/07

FILE NOW!!! FEE IS \$750.00  
After January 1, 2008, Fee will be \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA-MEDEL, MODESTO 8297 CHAMPIONS GATE SUITE #155 CHAMPIONS GATE, FL 33896	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800113463788 12/28/07--01009--014 **758.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Modesto Rivera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/07  
Date

863 581 4205  
Daytime Phone #