

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000099355

FILED
Oct 30, 2007
Secretary of State

Entity Name: STAFFING BY THE HOUR INC.

Current Principal Place of Business:

4251 UNIVERSITY BLVD S.
SUITE 204
JACKSONVILLE, FL 32216

New Principal Place of Business:

1404 RIVERPLACE BLVD.
SUITE 611
JACKSONVILLE, FL 32207

Current Mailing Address:

4251 UNIVERSITY BLVD S.
SUITE 204
JACKSONVILLE, FL 32216

New Mailing Address:

P. O. BOX 5365
JACKSONVILLE, FL 32247 US

FEI Number: 72-1609066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOWLER, KATHY D
11 E. FORSYTH STREET
APT. 208
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

FOWLER, KATHY D
1401 RIVERPLACE BLVD.
UNIT #611
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: KATHY FOWLER

10/30/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOWLER, KATHY D
Address: 11 E. FORSYTH STREET APT. 208
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Delete
Name: GILLESPIE, LINDA K
Address: 7816 SOUTHSIDE BLVD. #154
City-St-Zip: JACKSONVILLE, FL 32256

Title: SEC () Delete
Name: FOWLER, KIMBERLY
Address: 8032 CONCORDE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32208

Title: DIR (X) Delete
Name: THOMAS, TERESA G
Address: 19892 NAPLES LAKES TERR.
City-St-Zip: AHSBURN, VA 20147

Title: DIR (X) Delete
Name: ALLEN, OMEGA
Address: 1474 ELISA DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOWLER, KATHY D
Address: 1401 RIVERPLACE BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY FOWLER

P

10/30/2007

Electronic Signature of Signing Officer or Director

Date