

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN -9 PH 4:13

2008 Annual Report
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p07000083486

1. Corporation Name

Brooks Managment Staffing, Inc.
Brooks Management Staffing, Inc.

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

317 Villa Sorrento Circle

Suite, Apt. #, etc.

City & State

Haines City FL

Zip

33844

Country

USA

3. Mailing Office Address

317 Villa Sorrento Circle

Suite, Apt. #, etc.

City & State

Haines City, FL

Zip

33844

Country

USA

900131073229
06/10/08--01002--001 **150.00

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 7/24/07

5. FEI Number

05-0538727

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

Kymberli Brooks

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

317 Villa Sorrento Circle

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/22/08

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
p	Kymberli Brooks President/Owner	317 Villa Sorrento Circle	Haines City FL 33844

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

Date

Daytime Phone #

[Signature] Kymberli Brooks 5/22/08 (863) 258-2193

VP

BrooksManagement, Inc.

317 Villa Sorrento Circle
Haines City, FL 33844

June 6, 2008

Department Division Of Corporation

Ref: #P07000083486

Dear Karen Beyer:

Per our conversation I am sending you this letter regarding improper notice. I am sending the amounts requested and asking you to waive the fee.

Sincerely,

Kymberli Brooks
Owner

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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