

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000102383

Entity Name: A-1 STAFFING RESOURCE, INC.

FILED
Oct 20, 2008
Secretary of State

Current Principal Place of Business:

3050 BISCAYNE BOULEVARD
SUITE 104
MIAMI, FL 33137

New Principal Place of Business:

2125 BISCAYNE BLVD.
SUITE 205
MIAMI, FL 33137

Current Mailing Address:

3050 BISCAYNE BOULEVARD
SUITE 104
MIAMI, FL 33137

New Mailing Address:

2125 BISCAYNE BLVD.
SUITE 205
MIAMI, FL 33137

FEI Number: 22-3968421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: SPIEGEL & UTRERA, P.A.

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: PTD () Delete
Name: FINLEY, ETHEL
Address: 3050 BISCAYNE BOULEVARD #104
City-St-Zip: MIAMI, FL 33137

Title: VS () Delete
Name: WILSON, ANITA L
Address: 3050 BISCAYNE BOULEVARD #104
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: FINLEY, ETHEL
Address: 2125 BISCAYNE BLVD. SUITE 205
City-St-Zip: MIAMI, FL 33137

Title: VS (X) Change () Addition
Name: WILSON, ANITA L
Address: 2125 BISCAYNE BLVD., SUITE 205
City-St-Zip: MIAMI, FL 33137

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: ANITA L. WILSON

VS

10/20/2008

Electronic Signature of Signing Officer or Director

Date