PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
10 MAR 11 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000086106

REINSTATEMENT 09-10

200171852302
03/11/10--01003--010 **300.00

CR2E081 (12/08)

1. Corporation Name

Betty's Professional Staffing Inc.

2. Principal Office Address - No P O Box #	3. Mailing Office Address
7855 NW 12 ST	7855 NW 12 ST
Suite Apt # etc: Suite # 219	Suite Apt # etc: Suite # 219
City & State: Miami Florida	City & State: Miami Florida
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 09/19/2008

5. FEI Number: 26-3514784 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Beatriz Contreras

Street Address (P O Box Number is Not Acceptable): 6715 NW 188 Terrace

Suite Apt # Etc:

City: Hialeah State: FL Zip Code: 33015

☒ 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 0505 F S

Signature of Registered Agent: [signature] Date: 03/10/10

REGISTERED AGENT MUST SIGN

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	Beatriz Contreras	6715 NW 188 Ter	Hialeah FL 33015

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] 03/10/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 3/11