

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPLICATION  
 FOR  
 REINSTATEMENT

FILED

00 OCT 23 AM 10:11

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **P94000088855**

1. Corporation Name

**HELP STAFFING, INC.**

Principal Place of Business

611 WYMORE ROAD, SUITE 220  
 WINTER PARK FL 32789

Mailing Address

611 WYMORE ROAD, SUITE 220  
 WINTER PARK FL 32789

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
**1700 Fawcett Rd.**  
 City & State  
**Winter Park, FL**  
 Zip **32789** Country **USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
**P.O. Box 411**  
 City & State  
**Winter Park, FL**  
 Zip **32790** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1995

5. FEI Number

59-3283242

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	SPRIGGS, JERI	1700 FAWSETT DRIVE	WINTER PARK FL 32789
S	Spriggs, Suzan	1700 Fawcett Dr.	Winter Park, FL 32789
			200003455512--6 -11/07/00--01090--016 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

SPRIGGS, JERI  
 1700 FAWSETT RD.  
 WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date **10/20/00**

11. 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 under section 119.07(3)(i), 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.

**KE**

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/20/00** Daytime Phone # **(407)629-6881**

CR2E040 (8/00)