PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT-OF STATE APPLICATION Sandra B. Mortham **FOR** 96 DEC 10 AM 9: 21 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # (9500007 Select OUTSOUPING Services, Duc. 1 Corporation Name Mailing Address Principal Place of Business 10504 SW118 ST MIAMI, FLORIDA REINSTATEMENT HIAMI, FL 33176 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE 2. New Principal Office Address, If Applicable SAHL AS ABOLL. 7) New Mailing Address, if Applicable P.O. (a) 162556 Date Incorporated or Qualified
 To Do Business in Florida 25 JAN 96 suite, Apt. #, etc. Applied For 65-0556286 Not Applicable City & State City & State ~ Miami Zip CERTIFICATE OF STATUS DESIRED Country 331112-2556 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) President Theresia L. Gillette MIAMI, FL 33176 10504 SW 118 ST 90002028079---9 -12/12/96--01109--011 ****375.00 *****375.00 9. Name and Address of New Register 8. Name and Address of Current Registered Agent Greenberg Travia Hoffermul Lapoff Posen i quentur P.A. 1221 Brickell Ave, Bruce M. Gilletta Street Address (P.O. Box Number Is Not Accordable 105042 Sw Minni, Fronda 38131 33176 1/69011 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. 10cc 96 Signature of Registered Agent REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information No 🔽 Dept. of Revenue under S. 199.032, Florida Statutes. Yes on inlangible tax.) 12 I do hereby certify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling 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., and that all leas even by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath THERESIA L. GILLETTE Musica L SIGNATURE AND TYPED UN PHOTED NAME OF SIGNATURE OF DIRECTOR

SIGNATURE: