

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 10 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000059497

1. Corporation Name

EMERALD STAFFING SERVICES, INC.

2. Principal Office Address

935 HILLCREST AVENUE

3. Mailing Office Address

SAME

REINSTATEMENT 02-06

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART

City & State

Zip

34994

Country

MARTIN

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/96

5. FEI Number

65-0666473

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

MICHAEL J. CORRIGAN

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

935 HILLCREST AVENUE

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34994

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

Michael J. Corrigan

REGISTERED AGENT MUST SIGN

Date 08/05/05

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
PRES	MICHAEL J. CORRIGAN	935 HILLCREST AVENUE	STUART, FL 34994

08/12

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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 under section 119.07(3)(f), 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:

Michael J. Corrigan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-5-05

Daytime Phone #