

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 18 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *pg 6-62689*

1. Corporation Name

Medical Staffing Solutions Inc

2. Principal Office Address

9215 Chemstrand

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 30144

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32514

Country

Escambia

City & State

PENSACOLA, FL

Zip

32503

Country

Escambia

REINSTATEMENT *99-04*

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3407189

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

LICIA CADER

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

6572 Memphis Av

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32526

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

Licia Cader

Date

2/4/04

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
<i>President</i>	<i>Barbara England</i>	<i>5365 W. 9 mile Rd</i>	<i>PENSACOLA, FL 32526</i>

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)(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.

SIGNATURE:

Barbara England

BARBARA England 2/4/04 (850) 941-1054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)