PLEASE READ ALL INSTRUCTIONS BEFORE C				OMPLETI	NG THIS FORM VEL	
APPLICATION FLOR		DA DEPARTMENT OF STATE Sandra B. Mortham		AND FILED		
FOLK		Secretary of S				
REDISTATEMENT		NVISION OF CORPOR	RATIONS		98 OEC 10 AM 11: 14	
DOCUMENT # PS 1. Corporation Name	31		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
QUALITY PLUS STAFFING SERVICE, INC.						
Principal Place of Business	ess					
1900 TAMIAMI TRAIL 1900 TAMI SUITE 128 SUITE 128 PORT CHARLOTTE FL 33948 PORT CHA		AMI TRAIL RLOTTE FL 33948				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						
		illing Office Address, If Applicable		Date Incorporated or Qualified To Do Business In Florida 08/19/1996		
26315 Northern Cross Ad. 20		Suite, Apt. #, etc. 21315 Northern Cross Rd State		5. FEI Number Applied For		
Porta Gorda Fh. Con		ate Gorda. Fh.		65-0691223 Not Applicable 6. SA SA Additional Fee required		
33983 Charlotte		3 Cha	rlotte	<u> </u>	OF STATUS DESIRED of for a Certificate of Status	
7. Names and Street Addresses of Each Name of	Officers	onda nonprotit corpora	et Address of Each			
Title(s) and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box N		umbers)	City / State / Zip	
PS CLEAVES, JAN K		410 RYALS STREET			PORT CHARLOTTE FL 33954	
VT CLEAVES, JOHN D		410 RYALS STREET			PORT CHARLOTTE FL 33954	
					• • • • • • •	
	= :			51	000027133755: -12/15/98-01085008 ****158.75 ****158.75	
				151 171	N	
8. Name and Address	of Current Registered Ac	jent	Name	9. Name and A	ddress of New Registered Agent	
Cleave					K a seeman bloo	
410 RYALS ST	26315		Northern Cross Ad.			
PORT CHARLOTTE FL 33954			Suite Apt. #. Etc.			
City					State Zip Code FL 33983	
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 Original Property of Prope						
Signature of Registered Agent Clava Pare 11-19-98 REGISTERED AGENT/MUST SIGN						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on intangible tax.)						
12. 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: ALCOCATE DAN' KICLEAVES 11.19.98 (94) 743-6910 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #						

QUALITY PLUS STAFFING SERVICE,INC. 26315 NORTHERN CROSS RD. PUNTA GORDA FL.33983 941-743-6910

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327 December 4, 1998

To Whom It May Concern:

This letter is in response to the letter I received on December 3, 1998, copy enclosed.

To be more specific, I received the second notice of annual report at the same time as the notice of dissolution. The date being November 9, 1998. As stated in my first letter, the people working out of our old office address, kept both the 2nd notice of annual report and the dissolution notice until November 9th, and unfortunately handed them to me at the same time. It was at that time that I spoke to a representative, explaining the situation, and was told to send \$150.00.

I hope this helps to clear up any questions you have. Please feel free to call at any time, if the details of the situation remain confusing.

Sincerely,

Gohn D. Cleaves
Vice President