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APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

05 MAR 21 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082434

1. Corporation Name
* COLONY STAFFING INC.

700049942927
04/05/05--01092--004 **450.00

REINSTATEMENT 03-05
MRD

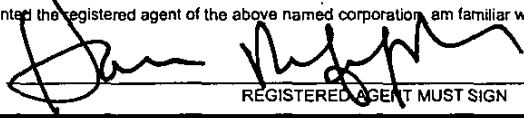
2. Principal Office Address 4101 RAVENSWOOD RD Suite, Apt. #, etc. #130 City & State DANIA FL Zip 33312		3. Mailing Office Address 4101 RAVENSWOOD RD Suite, Apt. #, etc. #130 City & State DANIA FL Zip 33312	
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4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0688992	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name HEALTHTRUST AMERICA, LLC	
Street Address (P.O. Box Number is Not Acceptable) 4101 RAVENSWOOD RD	
Suite, Apt. #, Etc. #130	
City DANIA	State FL
Zip Code 33312	

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.

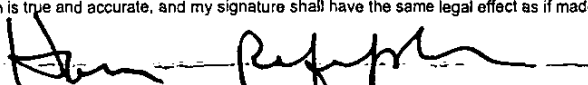
Signature of Registered Agent  Date 3/16/05

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
* D	MARCUS, STEWART	3250 MARY ST #500	COCONUT GROVE, FL 33313
* P	RAFOFSKY, HARVEY	4101 RAVENSWOOD RD #130	DANIA, FL 33312

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:  Date 3/1/05 954 791-1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

292

Colony Staffing I, Inc.
4101 Ravenswood Road
Suite 130
Dania, Florida 33312

February 25, 2005

Department of State
Division of Corporations
Reinstatement Section
P.O Box 6327
Tallahassee, Florida 32314

Re: Document #P96000082434

Dear Sir or Madam,

Please be advised that the Colony Staffing moved to the above referenced address and as a result, did not receive the Annual returns for 2003.

We request that you waive the penalty and accept the enclosed payment \$450.00 to bring our account current.

If you should have any questions, please contact the undersigned at 954-791-1101.

Thank you



Harvey Rafofsky
President