1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV -9 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000012539

1. Corporation Name
Staffirst, Inc.
37 Skyline Drive
Lake Mary, Florida 32746

2001 UBR

2. Principal Office Address	3. Mailing Office Address
37 Skyline	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Mary, Florida 32746	City & State
Zip: 32746 / Country: Seminole	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 2/7/1997

5. FEI Number: 59-3427734 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Markey & Fowler, P. A.
Street Address (P.O. Box Number is Not Acceptable): 25 McLeod Street
Suite, Apt. #, Etc.:
City: Merritt Island, State: FL Zip Code: 32953

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****150.00 ****150.00

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: MARKEY & FOWLER, P.A. By: [signature] as President Date: 11/8/2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PD	Mark Lang	37 Skyline Drive	Lake Mary, FL 32746

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: [signature] 11/7/01 800-967-5850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mark Lang, as president

WORKERS
TEMPORARY STAFFING, INC.
"Your Skilled Service Provider"

P.O. Box 954179, Lake Mary, FL 32795-4179
Phone: (407) 472-0024 (800) WORK-850 Fax: (407) 472-0037
Corp. e-mail: SPQ@workerstemp.com www.workerstemp.com

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November 7, 2001

Department of State
Fictitious Name Registration
P.O. Box 1300
Tallahassee, FL 32302-1300

RE: Staffirst, Inc.
Reinstatement

Dear Sirs or Madam:

In connection with the Corporation Reinstatement Application, we never received the Uniform Business Report for 2001. Therefore, I respectfully request that you waive any penalty fees in connection with this reinstatement.
Thank you for you consideration of this request.

Sincerely,

Mark A. Lang Sr.
President