

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000012539

**1. Corporation Name**

StaffFirst, Inc.

**2. Principal Office Address**

930 Williston Park Point

Suite, Apt. #, etc.

City & State

Lake Mary, FL

Zip

32746

Country

Seminole

**3. Mailing Office Address**

PO Box 954179

Suite, Apt. #, etc.

City & State

Lake Mary, FL

Zip

32795

Country

Seminole

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/7/97

**5. FEI Number**

593427734

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

**7. Name and Address of Current Registered Agent**

Name

Markey and Fowler PA

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

25 McLeod St

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

**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

*[Signature]* as President

Date

5/17/04

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
PD	Mark Lang	930 Williston Park Point	Lake Mary, FL 32746

400037524544  
06/01/04--01073--017 \*\*\*308.75

**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: X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/16/04

Daytime Phone #

CR2E081 (01/04)