PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -9 PM 3:19

DOCUMENT # P97000103578

1. Corporation Name
K-Force, Inc.

REINSTATEMENT 98-00

2. Principal Office Address	3. Mailing Office Address
881 Ocean Drive	881 Ocean Drive
Suite, Apt. #, etc. TH27	Suite, Apt. #, etc. TH27
City & State Key Biscayne, Florida	City & State Key Biscayne, Florida
Zip 33149 Country USA	Zip 33149 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/9/97

5. FEI Number [ ] Applied For [X] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Name and Address of Current Registered Agent

Name
John Kirby

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

Suite, Apt. #, Etc.
TH27

City
Key Biscayne

State FL Zip Code 33149

800003480078--1
-11/29/00--01074--006
***1058.75 ***1058.75

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 11-8-00
REGISTERED AGENT MUST SIGN

CR2E081 (9-96)

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
P	John Kirby	881 Ocean Dr., TH27	Key Biscayne, FL 33149
S	John Kirby	881 Ocean Dr., TH27	Key Biscayne, FL 33149
D	John Kirby	881 Ocean Dr., TH27	Key Biscayne, FL 33149

$87.11/27

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: _____ 11-8-00 305-361-3444
SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR DIRECTOR (SEE SECTION 607.0120) Date Daytime Phone #