

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000076618

00 OCT 13 AM 9:38

1. Corporation Name

AMERICAN STAFFING CONCEPTS, INC.

Principal Place of Business

Mailing Address

235 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

235 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00

4. Date incorporated or Qualified
To Do Business in Florida

09/02/1998

5. FEI Number

52-2118713

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RILEY, LIA	235 SOUTH 21ST AVENUE	HOLLYWOOD FL 33020
			400003436504--5 -10/24/00--01041--028 *****750.00 *****750.00 400003436504--5 -10/24/00--01041--028 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS, INC.
200 EAST LAS OLAS BLVD. #1900
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

TERRENCE RILEY

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

2011 NE 62ND STREET

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33308

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
Registered Agent

TERRENCE RILEY
REGISTERED AGENT MUST SIGN

Date 10/12/00

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LIA RILEY, President

Date

10-11-00

Daytime Phone #

954-923-0607

CR2040 (800)