

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -1 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000029797

1. Corporation Name

DISTINCTIVE STAFFING HOME SERVICES, INC.

200065575892
02/10/06--01036--022 **450.00

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address

205 WORTH AVE

3. Mailing Office Address

Suite, Apt. #, etc.

STE 319

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

City & State

Zip

33480

Country

PALM BEACH

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1999

5. FEI Number

65-0912627

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRENDA CONNER

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

1860 RICHARD LN

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33406

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

Brenda Conner
REGISTERED AGENT MUST SIGN

Date

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	MORGENSTERN-CONNER, BRANDA	1860 RICHARD LN	WEST PALM BEACH, FL-33406

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 contained in Chapter 119, 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:

Brenda Conner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-30-06

Daytime Phone #

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

January 25, 2006

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

Taxpayer: Distinctive Staffing Home Services, Inc.
FEIN: 65-0912627
Document #: P99000029797
Tax Form: UBR
Tax Period: 2004, 2005, 2006


To Whom It May Concern:

We have enclosed check # ^{113.5}~~45~~ in the amount of \$450.00 for the 2005 Corporate Reinstatement of Distinctive Staffing Home Services, Inc., Document #P99000029797.

Please abate the late filing penalty. Mrs. Conner did not receive the original Annual Reports and the corporation did not intentionally avoid the filing.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,


C. R. Cooper, CPA

Encl.

bm