

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -3 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V69824

1. Corporation Name

CONSTRUCTION STAFFING INC.

2. Principal Office Address

1027 BAY ST.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

DELRAY BEACH

City & State

Zip

33483

Country

FLA.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-5-92

5. FEI Number

65-0365016

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

Steven I. Greenwald, Esquire

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

6971 N. Federal Highway

Suite, Apt. #, Etc.

Suite 105

City

Boca Raton

State
FL

Zip Code

33487

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

REGISTERED AGENT MUST SIGN

Date 1-29-03

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/T/S	SCOTT E. ADAMS	1027 BAY ST	DELRAY BEACH, FLA. 33483

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:

SCOTT E. ADAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/03

Daytime Phone #

561-714-1127

MW

CR2E081 (10/02)

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CONSTRUCTION STAFFING INC.

January 21, 2003

RE: Reinstatement of Corporation
Construction Staffing Inc.

Dear Sir or Madam,

This letter is to confirm that I would like to reinstate my corporation and that it had become inactive by accident. As your records indicate a check had been sent for the required fee, but that there was some error and it was sent back to an incorrect address. I only recently found out about the current situation and was told by employees from the Division Of Corporations that due to the error I should send in another check for 2002 of \$150.00 along with the \$150.00 fee for the current year to reinstate the corporation. I hope this will resolve the problem to your satisfaction. You may contact me at any time at 561-714-1127.

Thank you for your kind consideration in this matter.

Sincerely,



Scott E. Adams / President
Construction Staffing Inc.