

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000124113

**FILED**  
**Jun 11, 2009**  
**Secretary of State**

**Entity Name:** 360 STAFFING SOLUTIONS, INC.

**Current Principal Place of Business:**

615 LARGOVISTA DRIVE  
LAKELAND, FL 34787

**New Principal Place of Business:**

2860 DARTMOUTH PLACE  
CUMMING, GA 30041 US

**Current Mailing Address:**

615 LARGOVISTA DRIVE  
LAKELAND, FL 34787

**New Mailing Address:**

2860 DARTMOUTH PLACE  
CUMMING, GA 30041 US

**FEI Number:** 22-3972487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

TAXTRAXX  
P.O BOX 4315  
ALPHARETTA, FL 30023 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TODD KELLY

06/11/2009

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVD ( ) Delete  
Name: KEOWN, GREG  
Address: 615 LARGOVISTA DRIVE  
City-St-Zip: LAKELAND, FL 34787

Title: S ( ) Delete  
Name: KEOWN, MONYA  
Address: 615 LARGOVISTA DRIVE  
City-St-Zip: LAKELAND, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG KEOWN

PRES

06/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date