PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 31 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03

DOCUMENT # P96000039795

1. Corporation Name

AEROSTAFF SERVICES OF AMERICA INC.

Principal Place of Business	Mailing Address
3 NORTHPOINT DRIVE THIRD FLOOR HOUSTON TX 77060	3 NORTHPOINT DRIVE THIRD FLOOR HOUSTON TX 77060

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/03/1996

5. FEI Number: 65-0674520 ☐ 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
PCEO	LOWERY, DOUGLAS L	1818 DEWBERRY BROOK COURT	KINGWOOD TX 77345
VP	WITT, TERRY L	25810 HAVEN LAKE DRIVE	TOMBALL TX 77375
~~CCFO~~	~~BROOK, EVERITT~~ REMOVE	~~88 LAKEVIEW VILLAGE~~	~~MONTGOMERY TX 77356~~
S	Rocco, James J.	11261 Damico Lane	Conroe, TX 77303
		500026891515 01/13/04--01095--024 **750.00	

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: [signature] Brian Courtney REGISTERED AGENT NAME & TITLE Asst. V. Pres. Date: 12/31/03

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] James J. Rocco — 12.30.03 — 281.999.5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

0123917 AB