

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 25 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005413

1. Corporation Name
CTS STAFF LEASING, INC.

Principal Place of Business 4315 DOWNTOWNER LOOP NORTH MOBILE AL 36609	Mailing Address 4315 DOWNTOWNER LOOP NORTH MOBILE AL 36609
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REINSTATEMENT ⁹⁹

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/28/1998 SP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 63-1049269	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PC	BROWNE, GREGORY H	818 HOWARD AVENUE, SUITE 100	NEW ORLEANS LA 70113
V	CLARK, NEIL	4315 DOWNTOWNER LOOP NORTH	MOBILE AL 36609
ST	EUMONT, JACK V	818 HOWARD AVENUE, SUITE 100	NEW ORLEANS LA 70113
D	ADAMEK, THOMAS J	431 FLORIDA STREET 7TH FLOOR	BATON ROUGE LA 70821
D	BEAM, AARON JR	5182 GREYSTONE WAY	BIRMINGHAM AL 35242
D	KELLER, STEVE	451 FLORIDA STREET 7TH FLOOR	BATON ROUGE LA 70821

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600003032916--7 Suite, Apt. #, Etc. -11/02/99--01087--021 City ****758 75 ****758 75 State FL Zip Code	
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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: Barbara A. Burke SPECIAL ASSISTANT SECRETARY Date: 10/22/99
REGISTERED AGENT MUST SIGN

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: Jack V. Eumont, Jr. Date: 10/21/99 Daytime Phone #: 504-551-9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR6040 (8/99)