

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

AND FILED

99 JAN -4 PM 4:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000083884**

1. Corporation Name

**CANTFIELD OUTSOURCING, INC.**

Principal Place of Business

2449 FIRST ST.  
 FT. MYERS FL 33901

Mailing Address

2449 FIRST ST.  
 FT. MYERS FL 33901



**REINSTATEMENT 98**

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

*Promenade North*  
*Suite 3011 Main Street*  
 *Voorhees, NJ*  
*08043 USA*

4. Date Incorporated or Qualified To Do Business in Florida

11/29/1993

5. FEI Number

65-0453028

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MANGAN, DEREK	14 CHARTERHOUSE SQUARE	LONDON, ENGLAND

300002730443--2  
 -01/05/99--01055--009  
 \*\*\*\*\*750.00 \*\*\*\*\*750.00

*1/4*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURNETT, PHILIP L  
 2449 FIRST ST.  
 FT. MYERS FL 33901

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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

*Philip L. Burnett*

**REQUIRED**

REGISTERED AGENT MUST SIGN

Date

*12/8/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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:

*DEREK MANGAN*  
 SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*DEC 24 '98 + 44 171 689 1460*

CR2E040 (9/98)