

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 DEC 30 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 96000087186

1. Corporation Name

EDEN PERSONNEL OF FLA., INC.

Principal Place of Business

Mailing Address

500 W. CYPRESS CREEK RD #500  
FORT LAUDERDALE, FLA. 33309

280 MADISON AVENUE  
NEW YORK, N.Y. 10016

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

**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

10-17-96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0701500

Applied For  
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<u>P</u>	<u>GARY A. LEVY</u>	<u>280 MADISON AVENUE</u>	<u>NYC NY 10016</u>
<u>S, T</u>	<u>RICHARD A. WOLF</u>	<u>289 TROPIC DRIVE</u>	<u>LAUDERDALE BY THE SEA FL 33308</u>

100003095461--3  
-01/12/00--01012--011  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHARD A. WOLF  
289 TROPIC DRIVE  
LAUDERDALE BY THE SEA, FLA 33308

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

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 \* Richard A Wolf  
REGISTERED AGENT MUST SIGN

Date 12-14-99

11. This corporation owes 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:

GARY A. LEVY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/99  
Date

954-351-1300  
Daytime Phone #

**KE**