

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



FILED

99 JUN 21 PM 4:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000098843**

1. Corporation Name

**COMPETITIVE EDGE OUTSOURCING INC.**

Principal Place of Business Mailing Address  
~~100 PALM AVE #2 JUPITER FL 33477~~ ~~6557 Donald Ross Rd Palm Beach Gardens FL 33418~~  
~~130 PALM AVE #2 JUPITER FL 33477~~ ~~6557 Donald Ross Rd Palm Beach Gardens FL 33418~~



**REINSTATEMENT 98-99**

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. **1615 Cypress Dr**  
~~6557 Donald Ross Rd~~  
 City & State **Jupiter FL**  
 Zip **33469** Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc. **1615 Cypress Dr**  
~~6557 Donald Ross Rd~~  
 City & State **Jupiter FL**  
 Zip **33469** Country

4. Date Incorporated or Qualified To Do Business in Florida **11/17/1997** **SP**

5. FEI Number **65-0803011** 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)

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
D	GRIFFEN, KEITH	800 PINEWOOD AVE 1810 SW Cycle Street	ROOKLEDGE FL 32965 Port St. Lucie FL 34953
D	HAINES, DEAN	3054 FALEHN DRIVE	COURTLAND OH 44410
D	MILLER, MICHAEL	3115 KINGSTON CT 6557 Donald Ross Rd	Palm Beach Gardens FL WEST PALM BEACH FL 33477 33418
D	<del>DONATO, SAL</del>	130 PALM AVE #2	JUPITER FL 33477

9000002915049--8  
 -06/25/99--01003--001  
 \*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent  
~~DONATO, SAL~~  
~~130 PALM AVE #2~~  
~~JUPITER FL 33477~~

9. Name and Address of New Registered Agent  
 Name **Michael Miller**  
 Street Address (P.O. Box Number is Not Acceptable) **6557 Donald Ross Rd**  
 Suite, Apt. #, Etc.  
 City **Palm Beach Gardens** State **FL** Zip Code **33418**

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 *[Signature]* Date **3-12-99**  
 REGISTERED AGENT MUST SIGN

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: *[Signature]* **Michael J. Miller** 312-99 561-717-412  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREDA (9/98)