

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

00001139

1. Corporation Name

PAYROLL OUTSOURCING PLUS, INC.

Principal Place of Business

475 PARK AVENUE SOUTH  
NEW YORK NY 10016

Mailing Address

475 PARK AVENUE SOUTH  
NEW YORK NY 10016

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/26/2001

5. FEI Number

13-4046537

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SMALL, CHERYL L	300 MERCER STREET	NEW YORK NY 10003
S	STEINBERG, MERLE G	145 EAST 27TH STREET	NEW YORK NY 10016

000008696690  
10/30/02--01044--016 \*\*150.00

8. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADE BLVD., STE 15  
MIAMI FL 33156

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

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

MIKE A. BARR, PRES

REGISTERED AGENT MUST SIGN

Date

10/25/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL L SMALL

Date

10/22/02

Daytime Phone #

(202) 584-9150

CR2E040 (8/02)

**PAYROLL  
OUTSOURCING  
PLUS, INC.**

October 22, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, Florida 32314-6327

Re: Payroll Outsourcing Plus, Inc.  
Document # F01000001139

To Whom It May Concern:

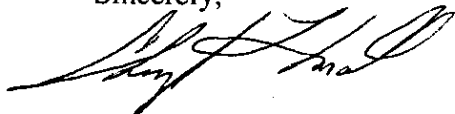
We received the "Notice of Administrative Dissolution or Revocation" today based on our not having filed an annual report/uniform business report with the Florida Department of State.

From the notice it appears that two mailings were sent requesting that we file this form. To date, however, we have not received these forms and this notice is the first that we have received. And, as our business operations in Florida began in 2001 we had no prior experience to have expected this form. We did file our 2001 Florida Corporate Income/Franchise Tax Return as required.

I am enclosing a completed Application For Reinstatement Form along with our check in the amount of \$150.00.

I trust that you will find this to be in order. Should you need any additional information, please contact me at (212) 584-9150.

Sincerely,



Cheryl L. Small  
President

Enclosures