

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000292262 3)))



H150002922623ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

RECEIVED
15 DEC 10 PM 3:47
SUNBIZ, FLORIDA
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
TEAMSTAFF GOVERNMENT SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

DEC 10 2015

R. HUNT

Electronic Filing Menu

Corporate Filing Menu

Help

12/10/2015 3:33:05 PM From: To: 8506176384(2/2)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 DEC 10 PM 5:13

DOCUMENT # F01000002274

1. Corporation Name

TEAMSTAFF GOVERNMENT SOLUTIONS, INC.

2. Principal Office Address - No P.O. Box #

1776 Peachtree Street NW

Suite, Apt. #, etc.

Suite 300S

City & State

Atlanta GA

Zip

30309

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

58-2282143

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Conita Beyer

REGISTERED AGENT MUST SIGN

Date 12/02/2015

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CFO	Kathryn Johnbull	1776 Peachtree Street #300N	Atlanta, GA 30309

REINSTATEMENT

DEC 10 2015

R. FOUNT

10. E-mail Address: nathan.giffin@wolterskluwer.com

(To be used for future annual report notification)

1. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Nathan S. Giffin

Nathan S. Giffin Asst. Secretary

12/01/2015 404-965-3834

SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #