PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

APPLICATION

~	FOR STATEMENT) . s	Katherine H Secretary of SION OF CORPO	State	SEC TALL	FILED RETARY OF S AHASSEE, FL	STATE	
DOCUMENT # F93000005335 1. Corporation Name					01 OCT 26 PH 3: 28			
ELITE TEMPORARY SERVICES OF TAMPA, INC.								
Principal Place of Business Mailing Address						. 18188 (114) 88(1) 8Å(1) 8		
9720 PRINCESS PALM AVE								
TAMPA FL 33619 — TAMPA FL 93			(19		REINSTATEMENT ()			
If above addresses are incorrect in any way, line through incorrect information a				er correction below.	HEIN	DIAIEN	HEN!	
	ncipal Office Address, If Applicable	If Applicable	Date Incorp To Do Busin	orated or Qualified ness in Florida	11/02/1002			
Suite, Apt. #, etc. Suite, A		<u> </u>			5. FEI Number Application Not Applicable			
City & State City &		City & State	=4 6	-A				
Zip	Country	Zig 3007	Cour		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee for a Certificate of	required 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 3			Street Address of Each Officer and/or Director				
CPST	WILLIAMS, GARY W 59 CONNEMARA SOUSUN			VALLEY [DRIVE ROSWELL, GA 30075			
VP .	CLARK, TAMBRA					BRANDON FL 335		10
			<u> </u>	TOUR TOWN	717400			
- 4					6000046793067 -11/14/0101085021			
						****750		00
							<u>.</u> .	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
Name								(8/01)
CLARK, TAMBRA Street Address 821 TIMBER POND DRIVE					(P.O. Box Number is Not Asseptable) TIMBER POND DRIVE			
BRANDON FL 33511 Suite, Apt. #, Etc.								
GRA					State Zip Code FL 335/0			
10. I, being	appointed the registered agent of the above	ve named corpora	tion, am familiar	with and accept the of	oligations of Secti	on 607.0505, F.S.		
	0							
Signature o Registered	Agent Agent	GISTEREDAGEN	T MUST SIGN			Date	10-23-01	
this rein owed by	that I am an officer or director or the receiv statement application, the reason for dissol the corporation have been paid and the n application is true and accurate, and my sig	lution has been eli ames of individua	iminated, the corp Is listed on this fo	oorate name satisfies orm do not qualify for	the requirements an exemption und	of section 607.0401 c	or 617.0401, F.S., that all f	fees
SIGNAT		<u> </u>	imo) (4 To) (4 To)	10	/23/01	(770)643-47	72-
	SIGNATURE AND TYPED OR PRIM	ITED NAME OF SIG	NING UFFICER OF	URECTOR	,	Date/	Dayume Phone #	