

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR REINSTATEMENT**



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

APPROVED  
AND  
FILED

1998 FEB -2 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001444**

1. Corporation Name

**LABFORCE OF AMERICA, INC.**

Principal Place of Business

Mailing Address

**415 Crossways Park Drive  
Woodbury, NY 11797**

**415 Crossways Park Drive  
Woodbury, NY 11797**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/22/94**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**11-3176817**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / St.
P/O	MICHAEL FERRENTINO	415 Crossways Park Drive	Woodbury, NY 11797
P	ROSEMARY MANISCALCO	415 Crossways Park Drive	Woodbury, NY 11797
VP	HARRY MACCARRONE	415 Crossways Park Drive	Woodbury, NY 11797
VP/CFO	PAUL J. GRILLO	415 Crossways Park Drive	Woodbury, NY 11797
S	CHRISTOPHER P. FRANCO	415 Crossways Park Drive	Woodbury, NY 11797
Asst/S	ANDREW C. REIBEN	415 Crossways Park Drive	Woodbury, NY 11797

8. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., STE. 105  
TALLAHASSEE, FL 32301**

9. Name and Address of New Registered Agent

Name

**100002418881--4**

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

*Mary D. Fletcher, Asst. Secretary*  
REGISTERED AGENT MUST SIGN

Date **1-26-98**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HARRY MACCARRONE, VICE-PRESIDENT**

**1/20/98**

Date

**(516) 437-3300**

Daytime Phone #

CP2E04C (12/96)

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THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 680434 4726231

AUTHORIZATION : Patricia Pizgu

COST LIMIT : \$ ~~150.00~~ \$900.00 (KH)

ORDER DATE : January 23, 1998

ORDER TIME : 10:03 AM

ORDER NO. : 680434-005

CUSTOMER NO: 4726231

CUSTOMER: Ms. Joanne Colica  
UNIFORCE SERVICES, INC.

Suite 4160  
301 Yamato Road  
Boca Raton, FL 33431

DOMESTIC FILING

NAME: LABFORCE OF AMERICA, INC.

EFFECTIVE DATE:

XX REINSTATEMENT  
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jon A Bowling

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
98 FEB -2 PM 3:03  
DIVISION OF CORPORATION