

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 24 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002269**

1. Corporation Name

NATIONAL EMPLOYER SOLUTIONS, INC.

Principal Place of Business

Mailing Address

2575 WESTSIDE PKWY
SUITE 100
ALPHARETTA GA 30004
US

2575 WESTSIDE PKWY
SUITE 100
ALPHARETTA GA 30004
US

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

05/03/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1991865

Applied For

City & State

City & State

Not Applicable

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	4 City / State / Zip
S	CATES, RON	1690 LAXY RIVER 560 Blue Herron Way	DUNWOODY GA 30350 Alpharetta, GA 30004
CP	KINNEY RIVES, LORI	1720 WATERCREST DR	CUMMING GA 30041

000008574660
10/24/02--01089--018 **150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

Handwritten signature: Rives Kinney 10/21/02 770-605-9157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



National Employer Solutions, Inc.

October 21, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Please waive the reinstatement fee for National Employer Solutions, Inc. We did not receive the prior two uniform business report notices. We have enclosed the \$150.00 fee as required.

Please contact Regina Keder at 770-625-9150 if you have any additional questions or require additional information.

Sincerely,

A handwritten signature in cursive script that reads "Lori Rives Kinney".

Lori Rives Kinney
President