

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005831**

1. Corporation Name

TEAMSTAFF RX, INC.

Principal Place of Business

**300 ATRIUM DRIVE
SOMERSET NJ 08873**

Mailing Address

**300 ATRIUM DRIVE
SOMERSET NJ 08873**

300024941583
11/24/03--01010--018 **750.00



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

REINSTATEMENT

03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1994

5. FEI Number

76-0451040

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 |
|------------------------|---|--|----------------------------|
| D | KAPPAUF, DONALD W T. Kent Smith | 300 ATRIUM DRIVE | SOMERSET NJ 08873 |
| GEO CEO | KAPPAUF, DONALD W T. Kent Smith | 300 ATRIUM DRIVE | SOMERSET NJ 08873 |
| CFO | KELLY, DONALD T | 300 ATRIUM DRIVE | SOMERSET NJ 08873 |
| VP | HOAGLIN, ELIZABETH | 1901 ULMERTON RD STE 800 | CLEARWATER FL 33762 |
| CC | ROMANO, GERARD | 300 ATRIUM DRIVE | SOMERSET NJ 08873 |
| V/S | Edmund C. Kenealy | 800 W. Cummings Plk Suite 1500 | Woburn, MA 01801 |

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

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

**SALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date

10/17/03

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:

Edmund C. Kenealy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/03

Daytime Phone #

781-937-3311