

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUN 26 AM 11:16

DOCUMENT # F96 00000 6856

**1. Corporation Name**

Adecco Employment Services, Inc.

**2. Principal Office Address**

175 Broad Hollow Rd

Suite, Apt. #, etc.

City & State

Melville NY

Zip

11747

Country

USA

**3. Mailing Office Address**

175 Broad Hollow Rd

Suite, Apt. #, etc.

City & State

Melville NY

Zip

11747

Country

USA

**REINSTATEMENT**

02-03

**4. Date Incorporated or Qualified**

To Do Business in Florida 12/30/1996

**5. FEI Number**

94-3254410

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

900021155009

06/26/03 01022 013 \*\*\*500.00

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

Ann Laskowski

REGISTERED AGENT MUST SIGN

Date June 20, 2003

**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
	See Attached	Listing	

**10. 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

Harvey Smalheiser

Date

6/19/03

Daytime Phone #

CR2E081 (10/02)

2/2

**ADECCO EMPLOYMENT SERVICES, INC.**  
(Delaware)

**DIRECTORS**

Jerome Caille, Chairman

Hertistrasse 2E  
Wallisellen 8304 Switerland

Julio Arrieta

175 Broad Hollow Road  
Melville, New York 11747

Patrick Lyons

175 Broad Hollow Road  
Melville, New York 11747

Ray Roe

Park 80 West- Plaza II  
Garden State Pkwy @ I-80 9<sup>th</sup> Fl.  
Saddle Brook NJ 07663

Felix Weber

Hertistrasse 2E  
Wallisellen 8304 Switerland

**OFFICERS**

Julio Arrieta – President

175 Broad Hollow Road  
Melville, New York 11747

Patrick Lyons – Chief Financial Officer

175 Broad Hollow Road  
Melville, New York 11747

Harvey Smalheiser - Vice President, Taxes

175 Broad Hollow Road  
Melville, New York 11747

Jyrl Washington - Vice President, General Counsel &  
Secretary

175 Broad Hollow Road  
Melville, New York 11747

Diana R. Karabelas – Assistant Vice President, Assistant Secretary  
Assistant General Counsel

175 Broad Hollow Road  
Melville, New York 11747