

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 NOV 16 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004581

1. Corporation Name

NATIONSTAFF, INC.

Principal Place of Business

8050 HOSBROOK RD. SUITE 109
CINCINNATI OH 45236

Mailing Address

8050 HOSBROOK RD. SUITE 109
CINCINNATI OH 45236

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1997

5. FEI Number

31-1501934

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	MICHAEL, TIMOTHY A	8050 HOSBROOK RD, SUITE 109	CINCINNATI OH 45236
VSD	DEVILLE, J. WILLIAM	8050 HOSBROOK RD, SUITE 109	CINCINNATI OH 45236
D	ROBINSON, EDWIN T	221 E. FOURTH ST, SUITE 2250	CINCINNATI OH 45202
D	MAYFIELD, R. GLEN	221 E. FOURTH ST, SUITE 2250	CINCINNATI OH 45202

REINSTATEMENT

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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

Carol Record
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 11-8-99

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:

J. William DeVille
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/99 (613) 936-3468
Date Daytime Phone #

CR2E040 (0/99)