

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003474

1. Corporation Name

P.D. QUICK OF TAMPA, INC.

Principal Place of Business

THE PAGODA BUILDING
100 PRESIDENTIAL BLVD. NORTH
BALA CYNWYD PA 19004

Mailing Address

THE PAGODA BUILDING
100 PRESIDENTIAL BLVD. NORTH
BALA CYNWYD PA 19004

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

GLOBAL EMPLOYMENT SOLUTIONS

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14142 DENVER WEST PKWY #350

5. FEI Number

23-2966444

Applied For

Not Applicable

City & State

City & State

GOLDEN

CO

Zip

Country

Zip

Country

80401

USA

6. CERTIFICATE OF STATUS DESIRED

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
PD	KENNEDY, ROBERT W	100 PRESIDENTIAL BLVD., NORTH	BALA CYNWYD PA 19004
TSD	LOFGEN, ALBERT J	100 PRESIDENTIAL BLVD., NORTH	BALA CYNWYD PA 19004
VD	TOMASELLO, ARNOLD R	100 PRESIDENTIAL BLVD., NORTH	BALA CYNWYD PA 19004
D	SAUNDERS, RON	14142 DENVER WEST PKWY SUITE 350	GOLDEN, CO 80401
			100003092131--S -01/07/00--01089--004 *****300.00 *****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KENNEDY, ROBERT W
5005 WEST LAUREL STREET, SUITE #112
TAMPA FL 33607

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.

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/99
Date

(303) 216-9500
Daytime Phone #

KE