

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 FEB 20 PM 4:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F98000004255**

1. Corporation Name

ALCOTT STAFF LEASING, INC.

Principal Place of Business

71 EXECUTIVE BLVD.
 FARMINGDALE NY 11735-4710

Mailing Address

71 EXECUTIVE BLVD.
 FARMINGDALE NY 11735-4710

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

REINSTATEMENT 01-02

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

07/24/1998

5. FEI Number

11-2831424

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
DS	SHORTEN, BARRY	17 DOGWOOD PLACE	MASSAPEQUA NY 11758
PD	BASSO, LOUIS JR.	55 WYANDANCH BLVD.	SMITHTOWN NY 11787

LS
 600005081596--2
 -03/11/02--01076--034
 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

BLUMBERG EXCELSIOR CORPORATE SERVICES, INC
 4435 OLD WINTER GARDEN ROAD
 ORLANDO FL 32811

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.

Signature of Registered Agent

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

2/11/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] BARRY SHORTEN 2/14/02 631-420-0100

Date

Daytime Phone #

CR2E040 (8/01)