

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F98000005413**

1. Corporation Name

CTS STAFF LEASING, INC.

Principal Place of Business

4315 DOWNTOWNER LOOP NORTH
MOBILE AL 36609

Mailing Address

4315 DOWNTOWNER LOOP NORTH
MOBILE AL 36609

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

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

09/28/1998

SP

5. FEI Number

63-1049269

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
PC	BROWNE, GREGORY H	818 HOWARD AVENUE, SUITE 100	NEW ORLEANS LA 70113
V	CLARK, NEIL	4315 DOWNTOWNER LOOP NORTH	MOBILE AL 36609
ST	EUMONT, JACK V	818 HOWARD AVENUE, SUITE 100	NEW ORLEANS LA 70113
D	ADAMEK, THOMAS J	431 FLORIDA STREET 7TH FLOOR	BATON ROUGE LA 70821
D	BEAM, AARON JR	5182 GREYSTONE WAY	BIRMINGHAM AL 35242
D	KELLER, STEVE	451 FLORIDA STREET 7TH FLOOR	BATON ROUGE LA 70821

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
State Zip Code
600003032916--7
-11/02/99--01087--021
****758.75 ****758.75
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

Barbara A. Burke

**BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date

10/22/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack V. Eumont, Jr.
Jack V. Eumont, Jr.

Date

10/21/99

Daytime Phone #

504-551-9771