

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000005846

1. Corporation Name

PROBUSINESS SERVICES, INC.

Principal Place of Business

Mailing Address

4125 HOPYARD ROAD
PLEASANTON CA 94588

4125 HOPYARD ROAD
PLEASANTON CA 94588

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

10/20/1998

5. FEI Number

94-2976066

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
CD C/O/P	SINTON, THOMAS	4125 HOPYARD ROAD	PLEASANTON CA 94588
V	BIZZACK, JEFFREY M	4125 HOPYARD ROAD	PLEASANTON CA 94588
V	JOHNSON, LESLIE A Blalock, Jerry	4125 HOPYARD ROAD	PLEASANTON CA 94588
V V/S	KLEI, STEVEN E	4125 HOPYARD ROAD	PLEASANTON CA 94588
V D	SCHNEIDER, ROBERT E Roody, Thomas P.	4125 HOPYARD ROAD 655 Fifteenth Street, N.W.	PLEASANTON CA Washington, D.C. 20005
D	CLIFFORD, WILLIAM T	56 TOP GALLANT ROAD	STAMFORD CT 06830

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

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]
REGISTERED AGENT MUST SIGN

Date 9/20/00

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

9.20.00
Date

(925) 131-3500
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 13 AM 8:52



REINSTATEMENT

[Handwritten initials]

Florida Appendix
Probusiness Services, Inc.

Additional Directors

<u>NAME/ADDRESS</u>	<u>TITLE(S)</u>
David C. Hodgson General Atlantic Partners c/o General Atlantic Services Corporation 3 Pickwick Plaza Greenwich, CT 06830	D
Ronald W. Readmond WIT Capital Group 826 Broadway, 6th Floor New York, NY 10003	D