PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

Corporation Name

F99000000278

FILED 03 NOV -7 PM 4: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DSI CONTRACT-ST

Principal Place of Business

Mailing Address

300 ATRIUM DRIVE SOMERSET NJ 08873

SIGNATURE:

300 ATRIUM DRIVE SOMERSET NJ 08873 10/17/03 781-937-3

800024892038 11/20/03--01<u>07</u>2--0<u>10</u> **750.<u>00</u> If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 01/14/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 13-2878077 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director PD-1044-TULLO FARM ROAD BRIDGEWATER NJ 08807 KAPPOUF, DONALD W **VPDS** 458 FAIRMOUNT AVENUE -CHATHAM NJ 07928 Kelly, Donald T- KAPPAUF BONALD W 300 ATRIUM DR SOMERSET NJ 08873 PD C 300 ATRIUM DR POOW Cummings PC. Swite 1500 SOMERSET NJ 08879 **VPDS** elly, donald t Woburn MA 01801 Edmund C. K **VP** BYRNES, GERALD J 245 5TH AVE., STE 1003 NEW YORK NY 10016 CC 300 ATRIUM DRIVE SOMERSET NJ 08873 ROMANO, GERARD 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. PLANTATION FL 33324 City State Zip Code FL 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. or 617.0505, F.S BALVINA AMENTA-GRAY Signature of Registered Agent REGISTERED AGENT MUST npowered to execute this application os provided for in chapter 607 or 617, F.S. I further certify that when filling 11. I certify that I am an officer or director or the receiver or trustee 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

MING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

CT CORPORATION

November 7, 2003

Department of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5956574 SO

Customer Reference 1: Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

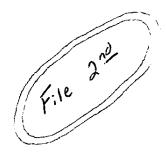
TeamStaff Solutions, Inc. (NY) Reinstatement Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Manager Fulfill Ctr
Connie_Bryan@cch-lis.com



660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615