

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 # F99000000278

1. Corporation Name

~~DSI CONTRACT STAFFING, INC.~~
Team Staff Solutions, Inc.

Principal Place of Business

300 ATRIUM DRIVE
SOMERSET NJ 08873

Mailing Address

300 ATRIUM DRIVE
SOMERSET NJ 08873

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

01/14/1999

5. FEI Number

13-2878077

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
PD	KARPOUF, DONALD W.	1044 TULLO FARM ROAD	BRIDGEWATER NJ 08807
VPDS	KELLY, DONALD T.	450 FAIRMOUNT AVENUE	CHATHAM NJ 07928
PDC	KARPOUF, DONALD W. T. Kent Smith	300 ATRIUM DR	SOMERSET NJ 08873
VPDS V.S	KELLY, DONALD T. Edmund C. Kenealy	300 ATRIUM DR 800 W. Cummings Pl. Suite 1500	SOMERSET NJ 08873 Woburn, MA 01801
VP	BYRNES, GERALD J	245 5TH AVE., STE 1003	NEW YORK NY 10016
CC	ROMANO, GERARD	300 ATRIUM DRIVE	SOMERSET NJ 08873

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
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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

SALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

Date

10/17/03

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

Edmund C. Kenealy

Date

Daytime Phone #

10/17/03 781-937-3311

CR2E040 (7/03)

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

File 2nd

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