

# F 99000002113

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: TEMP LABOR PROGRAM LTD.

(Name of corporation - must include suffix)

Dear Sir or Madam:

500002816295-1

-03/24/99-01019-002

\*\*\*\*\*78.75 \*\*\*\*\*78.75

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

A.L.PINCUS

(Name of Person)

ALP CONSULTANTS STE #2336

(Firm/Company)

20379 W. COUNTRY CLUB DR

(Address)

AVENTURA FL 33180

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

A.L.PINCUS

(Name of Person)

at ( 305 ) 932 1351

(Area Code & Daytime Telephone Number)

## STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

## MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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DIVISION OF CORPORATIONS

W 4/26



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 24, 1999

A.L. PINCUS  
ALP CONSULTANTS  
20379 W. COUNTRY CLUB DR. STE. #2336  
AVENTURA, FL 33180

SUBJECT: TEMP LABOR PROGRAM LTD.  
Ref. Number: W99000007087

We have received your document for TEMP LABOR PROGRAM LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers

Document Specialist

Letter Number: 299A00014783



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 1, 1999

A.L. PINCUS  
ALP CONSULTANTS  
20379 W. COUNTRY CLUB DR. STE. #2336  
AVENTURA, FL 33180

SUBJECT: TEMP LABOR PROGRAM LTD.  
Ref. Number: W99000007087

We have received your document for TEMP LABOR PROGRAM LTD. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

WE APOLOGIZE for failing to note this in our previous letter. We are returning the photocopy of a certified copy which you submitted, as it is not the same as the certificate we require. The certificate is issued by the same office which provided you with the certificate of existence, but it is a single page long and has no copies attached. Also, the certificate you submit must be an original dated within the last 90 days.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 199A00016507

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. TEMP LABOR PROGRAM LTD. CO.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEVADA 3. 65-0898048  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. FEB. 12, 1999 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 12555 BISCAYNE BLVD  
NO. MIAMI FL 33181  
(Current mailing address)
8. PLACEMENT OF TEMPORARY LABOR  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: A.L. PINCUS 2336
- Office Address: 20379 W. COUNTRY CLUB DR  
AVENTURA FL 33180, Florida, \_\_\_\_\_  
(Zip code)

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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

A. L. Pincus  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: ALAN SCHREIBER

Address: 12555 BISCAYNE BLVD STE # 735

NO. MIAMI FL 33181

Director: JAMES ROBINSON

Address: 12555 BISCAYNE BLVD STE #735

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: JOSEPH C CASTRANOVA

Address: 12555 BISCAYNE BLVD STE #735

NO. MIAMI FL 33181

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: JAMES ROBINSON

Address: 12555 BISCAYNE BLVD STE # 735

NO. MIAMI FL 33181

Treasurer: ALAN SCHREIBER

Address: 12555 BISCAYNE BLVD STE # 735

NO. MIAMI FL 33181

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Alan Schreiber

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

ALAN SCHREIBER TREASURER

14. \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

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# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS OF DEFAULT

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR 26 AM 8:48

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited liability companies, limited partnership, and limited liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TEMP LABOR PROGRAM LTD.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 12, 1999. The entity is in default as of April 1, 1999 for failure to file the Annual List of Officers, Directors and designation of Resident Agent for the filing period February 1999 to February 2000 and to pay the filing fee and penalty thereon, pursuant to the provisions of Nevada Revised Statutes.

IN WITNESS WHEREOF, I have hereunto set my hand  
and affixed the Great Seal of State, at my office, in  
Carson City, Nevada, on April 12, 1999.



*Dean Heller*  
Secretary of State

By *G. J. Lauer*  
Certification Clerk