

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K11517

1. Corporation Name

TRI-STATE EMPLOYMENT AGENCY, INC.

Principal Place of Business

Mailing Address

4442 INVERRARY BLVD
BAY 20
FORT LAUDERDALE FL 33319
US

4442 INVERRARY BLVD
BAY 20
FORT LAUDERDALE FL 33319
US

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.

4442 INVERRARY BLVD
Fort Lauderdale, FL

4442 INVERRARY BLVD
Fort Lauderdale, FL

Zip 33319 Country USA

Zip 33319 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1988

5. FEI Number

65-0022558

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
D	UTER, LARNIEVE	4442 INVERRARY BLVD. BAY 20	LAUDERDALE FL
			800023750148 10/13/03--01064--011 **150:00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UTER, LARNIEVE
4442 INVERRARY BLVD.
BAY 20 BAY 0
LAUDERDALE FL 33319

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

Date

10-15-03

REGISTERED AGENT MUST SIGN

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

Date

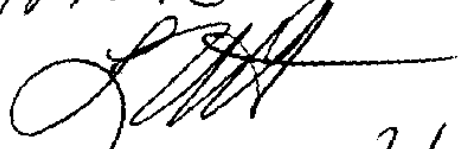
10-15-03 954-7415266

Daytime Phone #

CR2E040 (7/03)

Oct 9, 2003

To Whom it may Concern;
I did not receive the
filing form. I talk to
someone there and was told
to send the form back with
150th.

Thank you

LARNIEVE UTER