

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 NOV -7 PM 5:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L39172

1. Corporation Name

EMPLOYER SUPPORT SERVICES, INC.

Principal Place of Business

Mailing Address

300 ATRIUM DR  
SOMERSET NJ 08873  
US

TRAMSTAFF INC.  
300 ATRIUM DR  
SOMERSET NJ 08873  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/29/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2988443

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
VTS	KELLY, DONALD T	300 ATRIUM DR	SOMERSET NJ 08873
ED	KAPPAUF, DONALD T. Kent Smith	300 ATRIUM DR	SOMERSET NJ 08873
CC	Gerard A. Romano	300 Atrium Dr.	Somerset, NJ 08873
P	Wayne R. Lynn	1901 Ulmerton Rd Ste 800	Clearwater, FL 33762
V, S	Edmund C. Keneady	800 W. Cummings Pk Suite 1500	Woburn, MA 01801
00024941486 11/21/03--01010--014 **750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324

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

Date

Daytime Phone #

10/17/03 781-937-3311

CR2E040 (7/03)