

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 5:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L39173**

1. Corporation Name

TEAMSTAFF IX, INC.

Principal Place of Business

Mailing Address

300 ATRIUM DR.
 SOMERSET NJ 08873
 US

TEAMSTAFF, 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

59-2988440

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VTC	KELLY, DONALD T	300 ATRIUM DR	SOMERSET NJ 08873
D.	KAPPAUF, DONALD W T. Kent Smith	300 ATRIUM DR	SOMERSET NJ 08873
CC	ROMANO, GERARD	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 Plk Ste 1500	Woburn, MA 01801

800024941468

11/21/89 01010 017 \$350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCOGGINS, KIRK A.
 CT CORPORATION SYSEM
 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

[Signature]

SALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

Date

10/17/03

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]
 Edmund C. Keneady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03

Date

781-937-3311

Daytime Phone #