

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L65779**

1. Corporation Name

HOSPITAL STAFFING SERVICES OF FLORIDA, INC.

Principal Place of Business

**6245 N. FEDERAL HWY.
STE 400
FT. LAUDERDALE FL 33308-1900
US**

Mailing Address

**6245 N. FEDERAL HWY.
STE 400
FT. LAUDERDALE FL 33308-1900
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 500

City & State

Zip

Country

Suite, Apt. #, etc.

Suite 500

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1990

5. FEI Number

65-0194611

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
RD	BARNHILL, JEFFREY A.	6245 N FED HWY #400	FT. LAUDERDALE FL
S/V	SHIELDS, BOBBY L.	6245 N FEDERAL HWY #400 500	FORT LAUDERDALE, FL 33308
AS	PEARLMAN, CHARLES B.	200 E LAS OLAS BLVD #1900	FT. LAUDERDALE FL
P/T	CASS, RONALD	6245 N. Federal Hwy #500	FT Lauderdale, FL 33308

8. Name and Address of Current Registered Agent

**SHIELDS, BOBBY L.
6245 N. FEDERAL HWY #400 #500
FORT LAUDERDALE FL 33308**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

**900002340009--7
11/06/93 State 01042-018
****750.00 ****750.00**

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/23/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/23/97 800-735-2264
Date Daytime Phone # X289**

FILED

97 OCT 31 PM 1:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT

97

CR2E040 (8/97)