

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 # W5181

1. Corporation Name
Hospital Staffing Services of Rhode Island, Inc.

Principal Place of Business Mailing Address
6245 North Federal Hwy Same
Suite 500
Fort Lauderdale, Fl 33308

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.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 9/10-98

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
P	Ron Lusk	6245 N. Fed. Hwy, #500	Ft. Land., Fl 33308
D	Joe Williams, Jr.	6245 N. Fed. Hwy #500	Ft. Land., Fl 33308
			500002683415--5 -11/09/98--01098--035 ****600.00 ****600.00
			500002683415--5 -11/09/98--01098--036 ****150.00 ****150.00
			500002683415--5 -11/09/98--01098--087 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>CT Corp.</u>		Name <u>Ron Lusk</u> <u>500002683415--5</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>6245 N. Federal Hwy</u>	
		Suite, Apt. #, Etc. <u>Suite 500</u>	
		City <u>Fort Land</u>	State <u>FL</u> Zip Code <u>33308</u>

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 R Lusk Date 11/3/98
REGISTERED AGENT MUST SIGN

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: R Lusk Ron Lusk 11/3/98 (954) 771-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)