

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 DEC 16 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M53136

1. Corporation Name  
Personnel Plus, Inc.

Principal Place of Business

Mailing Address

1399 SE Port St. Lucie BLVD.  
Port St. Lucie FL 34952

PO BOX 8716  
Port St. Lucie  
FL 34985

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

2. New Principal Office Address, If Applicable

Same  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-2808711

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
PRES	JEAN M. LARSEN	2002 SE MORNINGSID BLVD PO BOX 8716	PORT ST. LUCIE FL 34985
VP	ROBERT R. LARSEN	2002 SE MORNINGSID BLVD. PO BOX 8716	PORT ST. LUCIE FL 34985

400002375704--B  
-12/17/97--01108--006  
\*\*\*\*750.00 \*\*\*\*750.00

12/16

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JEAN M. LARSEN  
PO BOX 8716 / 2002 SE MORNINGSID BLVD.  
PORT ST. LUCIE FL 34985

Name

Same

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 12/2/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN M. LARSEN

12/2/97  
Date

561-335-5582  
Daytime Phone #

CR25040 (12/95)