

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO2000004577

1. Corporation Name

Community Based Staffing
& Services Corporation

2. Principal Office Address

6009 9th St. North

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip

33703

Country

USA

3. Mailing Office Address

6009 9th St. North

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip

33703

Country

USA

REINSTATEMENT 04-06

CR2E0817(12/05) FEB 08 2006

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/20/2002

5. FEI Number

020616337

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Okey R. RYAN

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

6009 9th Street North

Suite, Apt. #, Etc.

000065566090

02/10/06--01019--015 **367.0

City

St. Petersburg

State

FL

Zip Code

33703

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Okey R. RYAN

REGISTERED AGENT MUST SIGN

Date 1/19/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Okey R RYAN	6009 9th Street North	St. Petersburg FL 33703
ID	JON F. NUTTING	6009 9th Street North	St. Petersburg FL 33703
DO	ALEX LINDSAY	6009 9th Street North	St. Petersburg FL 33703

10. 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 contained in Chapter 119, 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:

Okey R. RYAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06

Date

727-521-4318

Daytime Phone #