

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 31 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000010011

1. Corporation Name

Brokerage Association of Professional
Employer Organizations, Inc.

2. Principal Office Address

1215 Manatee Ave W

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34205

Country

U.S.A

3. Mailing Office Address

1215 Manatee Ave W

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34205

Country

U.S.A.

REINSTATEMENT 04-05

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

11/17/03

5. FEI Number

51-0493423

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gary Wagner

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

1215 Manatee Ave West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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

Gary Wagner

Date 10/26/05

REGISTERED AGENT MUST SIGN

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
P	Ryan Moore	1215 Manatee Ave W	Bradenton / FL / 34205
VP	Gary Wagner	1215 Manatee Ave W	Bradenton / FL / 34205
			500061040585 10/31/05--01038--015 **900.00

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 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:

Gary Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/05

Date

941-761-2882

Daytime Phone #