PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 APR -3 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N96000002006

1. Corporation Name
Florida Association of Temporary Services Organizations, Inc.

Principal Place of Business
3080 E. Bay Drive
Largo, FL 34640

Mailing Address
3080 E. Bay Drive
Largo, FL 34640

REINSTATEMENT 97-98

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
30750 U.S. 19 North
Suite, Apt. #, etc.
City & State
Palm Harbor FL 34684
Zip 34684 Country USA

3. New Mailing Address, If Applicable
Post Office Box 4699
Suite, Apt. #, etc.
City & State
Clearwater, FL 33758
Zip 33758 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
4/15/96

5. FEI Number
X 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Frank M. Mongelluzzi	30750 U.S. 19 North	Palm Harbor, FL 34684
D	Christopher F. Mongelluzzi	30750 U.S. 19 North	Palm Harbor,FL 34684
D	Brian P. Deeb	30750 U.S. 19 North	Palm Harbor, FL 34684

AS 4/6/98
600002482106--
-04/08/98--01013--003
****297.50 ****297.50

8. Name and Address of Current Registered Agent
D & B Corporate Services Inc
5999 Central Avenue Suite 202
St. Petersburg,FL 33710

9. Name and Address of New Registered Agent
Name: D & B Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 30750 U.S. 19 North
Suite, Apt. #, Etc.
City: Palm Harbor State: FL Zip Code: 34684

CR2EO40 (12/95)

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 _____ Date 2/18/98
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Brian P. Deeb 2/18/98 (813) 772-7344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #