

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000013257

1. Corporation Name

CONTRACTOR'S STAFF SERVICES SPECIALISTS, INC.

Principal Place of Business

Mailing Address

1104 OSCEOLA ST
JACKSONVILLE FL 32204

4005 CASTLE VALLEY DR
CORPUS CHRISTI TX 78410



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3625487

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
PD	SHANK, WILLIAM	1104 OSCEOLA ST	JACKSONVILLE FL 32204
VP ST	KNAIER, MARK	1104 OSCEOLA ST 804 PEPPERVINE	JACKSONVILLE FL 32204 32259
OF PRD	DAVIS, KEITH	1104 OSCEOLA ST 4005 CASTLE VALLEY DR CORPUS CHRISTI, TX 78410	JACKSONVILLE FL 32204 CORPUS CHRISTI, TX 78410

000025761710
12/26/03--01012--008 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHANK, WILLIAM
1104 OSCEOLA ST
JACKSONVILLE FL 32204

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

William Shank

Date

12/17/03

REGISTERED AGENT MUST SIGN

11. 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:

Keith Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH DAVIS

Date

12-17-03

Daytime Phone #

1-361-563-2556

CR2E040 (7/03)