

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 18 AM 8:00

DOCUMENT # PO000048237

1. Corporation Name

TEMP STAFFING OF AMERICA, INC

REINSTATEMENT 03

MRS

2. Principal Office Address

1429 FLAGLER AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip

32207

Country

USA

Zip

Country

200024796222

11/18/03--01020--026 **723.75

10/29/03 - 01030 - 018 *35.00

4. Date Incorporated or Qualified
To Do Business in Florida

5.15.2000

5. FEI Number

59 3656 102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$38.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEPHEN CARROLL

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

383 WILLOW GREEN DRIVE

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32073

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

REGISTERED AGENT MUST SIGN

Date 11-11-03

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
<u>PRES.</u>	<u>STEPHEN CARROLL</u>	<u>1429 FLAGLER AVE</u> <u>JACKSONVILLE FL</u>	<u>JACKSONVILLE FL</u> <u>32207</u>

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:

STEPHEN CARROLL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-03

Date

(904) 306 0667

Daytime Phone #

CR2E081 (10/02)