

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 13 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101617

1. Corporation Name

PREPAID LABOR INC.

Principal Place of Business

1531 LEE RD., STE. 815
WINTER PARK FL 32789

Mailing Address

1531 LEE RD., STE. 815
WINTER PARK FL 32789

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/2000

5. FEI Number

09-6501409

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 3	City / State / Zip 4
CEO	MCMICHAEL, ARTHUR	1531 LEE RD., STE. 815	WINTER PARK FL 32789

3000009507223
12/13/02--01059--005 **150.00

8. Name and Address of Current Registered Agent

MCMICHAEL, ARTHUR
1531 LEE RD., STE. 815
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

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

Arthur McMichael SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-9-02

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:

Arthur McMichael SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-9-02 321-228-3925

CR2E040 (8/02)

PREPAID LABOR

We Sell Hours

December 9, 2002

PREPAID LABOR, INC.

1531 Lee Road
Suite 815
Winter Park, Florida
32789

Phone: (321) 228-3925
1-(866)-06-LABOR

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern,

I did not receive the prior UBR notices.

Sincerely,



Arthur McMichael

www.prepaidlabor.com

Guarantees Tomorrows Services At Today's Prices!