

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 21 AM 9:43

TELEPHONIC REINSTATEMENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32300
DATE

DOCUMENT # PO100000008055

1. Corporation Name

PEO SOLUTIONS INC

2. Principal Office Address

3100 CLUB DRIVE

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

Zip

33953

Country

3. Mailing Office Address

3100 CLUB DRIVE

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

Zip

33953

Country

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/2000

5. FEI Number

62-1840161

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

EUGENE F BUTLER JR

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

3100 CLUB DRIVE

Suite, Apt. #, Etc.

City

CHARLOTTE

State
FL

Zip Code

33953

100008447451--8

-10/18/02--01046--001

****900.00 ***900.00

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

Eugene F. Butler, Jr.

REGISTERED AGENT MUST SIGN

Date 10-15-02

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
PRES	EUGENE F BUTLER JR	3100 CLUB DRIVE	PORT CHARLOTTE, FL 33953

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:

Eugene F. Butler, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-02

75 10/23/02