

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000076269

1. Corporation Name

LABOR SOURCE, INC.

Principal Place of Business

Mailing Address

~~PO BOX 140~~
~~GULF BREEZE FL 32562~~

PO BOX 140
GULF BREEZE FL 32562



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

07/31/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

D

MYRICK, KATHY L

312 SMITH CIRCLE

GULF BREEZE FL 32561

200808627202
10/28/02--01090--023 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MYRICK, KATHY L
312 SMITH CIRCLE
GULF BREEZE FL 32561

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

Kathy L Myrick
REGISTERED AGENT MUST SIGN

Date

10-23-02

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:

Kathy L Myrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02 8503012093

CR20040 (8/02)



250-B NE Eglin Pkwy
Ft. Walton Beach, FL 32547
Phone: 850-301-2093
Fax: 850-301-2079

Corp. Mailing Address: P. O. Box 421, Gulf Breeze, FL 32562

October 23, 2002

Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Attn: Reinstatement Division

I wanted to let you know this is the first reinstatement application I have received. I do not know where the previous ones went.

What a year this has been for me. As you know all new businesses suffer growing pains. I have physically moved the office two times, each time with forwarding addresses, but there have been many items lost, specifically three checks mailed to me from clients. These checks were never found by the post office and I never received them. I also changed my p. o. box, but have not received mail which should have been forwarded to the new p. o. box.. I am sorry I have no explanation as to why I did not receive the previous applications, but I did receive this one and I am submitting it.

If you have any questions, please call me at 850-301-2093.

Thank you,

Kathy Myrick
President