

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -8 11:10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PC1000112649**

1. Corporation Name

EMPLOYMENT SCREENING ALLIANCE, INC

800062019198
12/08/05--01051--006 **450.00

2. Principal Office Address

2331 BELLEAIR RD

Suite, Apt. #, etc.

SUITE C

City & State

CLEARWATER FL

Zip

33764

Country

US

3. Mailing Office Address

2331 BELLEAIR RD

Suite, Apt. #, etc.

SUITE C

City & State

CLEARWATER FL

Zip

33764

Country

US

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/01

5. FEI Number

20-3854655

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

DANIEL PAULSEN

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

2331 BELLEAIR RD

Suite, Apt. #, Etc.

SUITE C

City

CLEARWATER

State

FL

Zip Code

33764

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

Date

REGISTERED AGENT MUST SIGN

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	DANIEL PAULSEN	2331 BELLEAIR RD SUITE C	CLEARWATER FL 33764

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-6-05

2082

December 6, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Corp Doc Number P01000112649

We are hereby requesting a waiver of the normal reinstatement fee based on the fact that our registered agent never received the renewal notice in 2003. We have attached a check for \$450 as directed by the reinstatement office, which is \$150 per year for the years 2003-2005. Additionally, we have attached the corporate reinstatement form, which reflects myself as the current registered agent and our correct mailing address.

Please contact either me at 727-532-3005 or my accountant, Robert Eden at 727-938-2363; fax 727-943-5420 if you have any questions regarding this matter.

Regards,

A handwritten signature in black ink, appearing to read "Daniel Paulsen", with a stylized, flowing script.

Daniel Paulsen