

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01000114471

1. Corporation Name

EQUITY STAFF LEASING, INC.

Principal Place of Business

1021 SE 28TH STREET  
SUITE 1  
OCALA FL 34471

Mailing Address

1021 SE 28TH STREET  
SUITE 1  
OCALA FL 34471

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. -  
2303 SE 28TH ST. #205  
City & State  
OCALA FL  
Zip  
34471  
Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
2303 SE 28TH ST. #205  
City & State  
OCALA FL  
Zip  
34471  
Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/2001

5. FEI Number

59-3758945

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
P	RODGERS, JASON R	1021 SE 28TH STREET	OCALA FL 34471
T	RODGERS, JASON R	1021 SE 28TH ST.	OCALA, FL, 34471
S	RODGERS, JASON R	1021 SE 28TH ST.	OCALA, FL 34471

8. Name and Address of Current Registered Agent

RODGERS, JASON R  
1021 SE 28TH STREET  
SUITE 1  
OCALA FL 34471

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

REGISTERED AGENT MUST SIGN

Date 10-9-03

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.

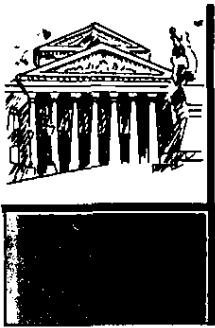
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-03 352-572-7501



# Equity Staff Leasing, Inc.

October 9, 2003

To Whom It May Concern:

This letter is to inform your office that Equity Staff Leasing, Inc. did not receive its first mailing of the Uniform Business Report. We did receive the second mailing in early July, 2003. This second report was completed and returned along with a letter stating that we did not receive the first one. We included a check for the appropriate \$150 filing fee.

On October 8, 2003 we received an Application for Reinstatement. After calling your office, I was informed that while you had received the UBR in July, there was apparently no record of the letter stating that we had not received prior mailings.

I am now submitting that Application for Reinstatement and stating once again that we did not receive the first UBR form prior to May 1. In addition, I did not receive any letter advising me of a rejection of my UBR in July 2003. I respectfully request that you reinstate Equity Staff Leasing, Inc. immediately and waive any additional fees beyond the \$150 filing fee which has already been paid.

Please feel free to call me with any questions regarding this letter. My phone number is (352) 572-7501.

Sincerely,

Jason Rodgers  
President  
Equity Staff Leasing, Inc.