

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000120094

1. Corporation Name

NORTH FLORIDA PAYROLL SERVICES, INC.

FILED

04 SEP 28 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3610 RIVER HALL DRIVE
JACKSONVILLE FL 32217

Mailing Address

3610 RIVER HALL DRIVE
JACKSONVILLE FL 32217

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/2001

5. FEI Number

30-0026928

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
PSD	KLEMMT, ROSEMARY	3610 RIVER HALL DRIVE	JACKSONVILLE FL 32217
T	LUCIO, SAUL E	2157 BRIGHTON BAY TRAIL	JACKSONVILLE FL 32246

400041371504
09/27/04--01081--001 **1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KLEMMT, ROSEMARY G
3610 RIVER HALL DRIVE
JACKSONVILLE FL 32217

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

Rosemary G. Klemmt

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

9/23/04

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.

Rosemary G. Klemmt

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/04

(904) 737-7909

Date

Daytime Phone #

CR2E040 (8/02)