

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 # P02000013165

1. Corporation Name

SIMPLE EMPLOYER SOLUTIONS, INC.

Principal Place of Business

Mailing Address

6302 MANATEE AVE STE I
BRADENTON FL 34209

6302 MANATEE AVE STE I
BRADENTON FL 34209

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~6302 Manatee Ave W~~

Suite, Apt. #, etc.

Ste M

City & State

Bradenton FL

Zip

34209

Country

USA

3. New Mailing Office Address, If Applicable

~~6302 Manatee Ave W~~

Suite, Apt. #, etc.

Ste M

City & State

Bradenton FL

Zip

34209

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/2002

5. FEI Number

03 0385312

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MOORE, RYAN	6302 MANATEE AVE STE I	BRADENTON FL 34209
D	WINN, MARK	4512 22ND AVE WEST	BRADENTON FL 34209

8. Name and Address of Current Registered Agent

FULKS, CHARLES O
5823 26TH STREET WEST
BRADENTON FL 34207

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

Charles O. Fulks

REGISTERED AGENT MUST SIGN

Date

12/24/03

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:

Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/9/03

Daytime Phone #

941-766-8882



FILED

03 DEC 31 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03 300025600323
12/18/03--01025--019 **750.00

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CR2E040 (7/03)