

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 # **P02000080909**

1. Corporation Name

LABOR SOURCE OF PENSACOLA, INC.

Principal Place of Business

**43 WEST 9 MILE ROAD
PENSACOLA FL 32534**

Mailing Address

**43 WEST 9 MILE ROAD
PENSACOLA FL 32534**

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

07/25/2002

5. FEI Number

47-0880329

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	KAREN, GEORGE	43 WEST 9 MILE ROAD	PENSACOLA FL 32534

8. Name and Address of Current Registered Agent

**GEORGE, KAREN E
43 WEST 9 MILE ROAD
PENSACOLA FL 32534**

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

Karen George

REGISTERED AGENT MUST SIGN

Date

1-14-04

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.

SIGNATURE:

Karen George

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-04 (850) 969-0040

Daytime Phone #

CR2E040 (7/03)

Labor Source of Pensacola, Inc.
43 West 9 Mile Road
Pensacola, FL 32534
(850) 969-0040

To Whom It May Concern:

It is kindly requested that the \$600 late fee be waived as I did not receive the 1st or 2nd annual report form for 2003. I have requested that my accountant remind me to file in the future on time. Enclosed is a check for \$300.00. Please advise if the fee will be waived.

Thank you very much.

A handwritten signature in cursive script, appearing to read "Karen George".

Karen George
Labor Source of Pensacola, Inc.