

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Patricia

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 14 AM 9:38

DOCUMENT # **P02000104406**

1. Corporation Name

TRADESTAFF, INC.

Principal Place of Business

1195 N. MILITARY TRAIL
#6
WEST PALM BEACH FL 33409

Mailing Address

1195 N. MILITARY TRAIL
#6
WEST PALM BEACH FL 33409



05/05/03 91807 028 154

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/2002

5. FEI Number

06164 9111

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
P	DAIGLE, MITCHELL J SR.	12261 80TH LANE NORTH	WEST PALM BEACH FL 33412

8. Name and Address of Current Registered Agent

DAIGLE, MITCHELL J SR.
12261 80TH LANE NORTH
WEST PALM BEACH FL 33412

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

M. D.

REGISTERED AGENT MUST SIGN

Date

10-10-03

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:

M. D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-10-03

Daytime Phone #

(561) 640-5656

CR2040 (7/03)

Pratt

October 10, 2003

Florida Dept. Of State / Division of Corporations

Re: Waiver of Reinstatement Fee

I sent my annual report as well as check # 103972 for \$150.00 which cleared on May 21, 2003. When I received the Notice of Administrative Dissolution or Revocation, I called Division of corporations and was told that a letter was sent to me on May 21, 2003 to notify me that my report was rejected because I failed to include my FEI on the report. I never received this letter.

I am respectfully requesting reinstatement, and waiver of reinstatement fee.

Sincerely,



Mitchell J. Daigle