

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 30 AM 9:41

DOCUMENT # ~~P020000~~ 126743

1. Corporation Name

Temporary Labor
Personnel, Inc.

2. Principal Office Address - No P.O. Box #

631 N. RIDGEWOOD
Ave.

3. Mailing Office Address

631 N. RIDGEWOOD
Ave.

City & State

DAYTONA BEACH FL

City & State

DAYTONA BEACH FL

Zip

32114

Country

USA

Zip

32114

Country

USA

600163184996

11/30/09--01047--023 **758.75

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/2002

5. FEI Number

020657285

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DANA PANTAGES

Street Address (P.O. Box Number is Not Acceptable)

631 N. RIDGEWOOD AVENUE

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32114

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/25/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.T.S. V.D.C. M	DANA PANTAGES	631 N. RIDGEWOOD AVE, DAYTONA BEACH FL	32114

10. E-mail Address: HUGEFUN@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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 #

DANA PANTAGES 11/25/9 (386)846-0629