

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2014 Feb 19 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 712000016715

1. Corporation Name

**ALLSTAFF PAYROLL, INC II**

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

2101 NORTH 9TH AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

2101 NORHT 9TH AVE.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSCOLA, FL.

Zip

32503

Country

US

Zip

32503

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/17/2012

5. FEI Number

45-4587816

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
YES

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BILL AGALL CPA

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

2101 NORTH 9TH AVE.

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32503

000256934900  
03/14/14--01001--011 \*\*150.00

000256934900  
02/19/14--01021--017 \*\*750.00

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

Date 02/13/2014

REGISTERED AGENT MUST SIGN

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
PRES	BILL AGALL	3711 TIGER POINT BLVD.	GULF BREEZE, FL 32563
		S. HAWKES	
		MAR 12 A.M.	
	REINSTATEMENT	EXAMINER	S. HAWKES
	2013	900.00	<del>FEB 20 A.M.</del>
			EXAMINER

10. E-mail Address: bill\_agall@att.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature]* BILL AGALL

02/13/2014

850-438-2863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #