

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 NOV 13 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P27707

**1. Corporation Name**

Personnel Network Inc

**2. Principal Office Address**

1500 Roebuck Drive

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 2928

Suite, Apt. #, etc.

City & State

Meridian, MS

Zip

39301

Country

USA

City & State

Meridian, MS

Zip

39302

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

64-0750441

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

Leroy Smith

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

133 Winchester Way

Suite, Apt. #, Etc.

City

Crestview

400003489674-2

12/06/00-01084-05

\*\*\*2011.25 \*\*\*2011.25

**REINSTATEMENT**

FL

32536

**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

*Leroy J. Smith*

REGISTERED AGENT MUST SIGN

Date

11-9-00

**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/D	Paul Goldman	1500 Roebuck Drive	Meridian, MS 39301
V/D	Melissa Goldman	1500 Roebuck Drive	Meridian, MS 39301
S/D	David Goldman	1500 Roebuck Drive	Meridian, MS 39301
T/D	David Goldman	1500 Roebuck Drive	Meridian, MS 39301

**10. 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:**

*Paul Goldman* Paul Goldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-2000

Date

601-693-2484

Daytime Phone #

CR2E081 (9/99)