

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37292

1. Corporation Name

TEAM AMERICA OF ORLANDO, INC.

Principal Place of Business

7380 SAND LAKE RD., SUITE 520
ORLANDO FL 32819

Mailing Address

110 E. WILSON BRIDGE RD., SUITE 150
WORTHINGTON OH 43085

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.

SUITE 522

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

01/27/1992

5. FEI Number

31-1338971

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCT	SCHILG, RICHARD C.	7991 HICKORY RIDGE CT. 3031 E. Orange Rd	WESTERVILLE OH 43081 Lewis Center OH 43035
VCV	COSTELLO, KEVIN T.	5635 MOCH MORE CT., N.	DUBLIN OH 43017
SD	JOHNSTON, WILLIAM W.	303 NEW ENGLAND AVE.	WORTHINGTON OH 43085
T	GOODRICH, MICHAEL R	5588 PARKER HILL	DUBLIN OH 43017
			500002695075--3 -11/24/98-01031-018 ***750.00

8. Name and Address of Current Registered Agent

BLUBAUGH, RICHARD
7380 SAND LAKE RD.
STE. 520
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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.

Signature of Registered Agent

Conno Bryan

FE REQUIRED

Date

11/19/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(f), 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:

Michael R. Schilg, Treasurer

11-18-98

(614) 848-3995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/99)