

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

99 MAR 16 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000005149

1. Corporation Name

STRATEGIC OUTSOURCING INC. OF FL.

Principal Place of Business Mailing Address
4421 STUART ANDREW BLVD. 4421 STUART ANDREW BLVD.
SUITE 200 SUITE 200
CHARLOTTE NC 28217 CHARLOTTE NC 28217
US US



REINSTATEMENT

11/12/1992

If above addresses are incorrect in any way, list through use of information and enter correct below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 59-3151335
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
CEOS	FOTSCH, ROBERT M	140 CHESHIRE LANE	MOORESVILLE NC 28115
D	FOTSCH, ROBERT M	140 CHESHIRE LANE	MOORESVILLE NC 28115
PD	BELL, DAVID G	13442 FREMINGTON RD.	HUNTERSVILLE NC 28078
T	THIGPEN, JOHN B	3826 YORKFORD RD.	CHARLOTTE NC 28269
D	MARIANO, STEPHEN M	18435 PENINSULA DRIVE	HUNTERSVILLE NC 28078

8. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent
Name Hagen and Hagen, P.A.
Street Address (P.O. Box Number is Not Acceptable) 3190 Stenden Street
Suite, Apt. #, Etc. Suite 104
City Hollywood
State FL Zip Code 33021

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 *[Signature]* Date 1/11/99
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)(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/91

(709) 520-2191