

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000016158

1. Corporation Name

TEAMSTAFF VIII, INC.

Principal Place of Business

300 ATRIUM DR
SOMERSET NJ 08873
US

Mailing Address

300 ATRIUM DR
SOMERSET NJ 08873

If above addresses are incorrect in any way, line through incorrect information and enter correction 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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1994

5. FEI Number

59-3236075

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|----------------|---|--|------------------------------|
| VTS | KELLY, DONALD T | 300 ATRIUM DR | SOMERSET NJ 08873 |
| ED | KAPPAUF, DONALD W T. Kent Smith | 300 ATRIUM DR | SOMERSET NJ 08873 |
| PEE | ROMANO, GERALD | 300 ATRIUM DRIVE | SOMERSET NJ 08873 |
| P | Wayne R. Lynn | 1901 Ulmerton Rd Ste 800 | Clearwater, FL 33762 |
| V, S | Edmund C. Kenealy | 800 W. Cummings Pl. Suite 1500 | Woburn, MA 01801 |
| | | | |

8. Name and Address of Current Registered Agent

CORPORATION, CT
1200 SO PINE ISLAND RD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800024941538

11/24/03-01010-017

**750.00

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

SALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

Date

10/17/03

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/03

781-937-3311