

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 APR -6 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032095

1. Corporation Name

PREmployer II, Inc.

2. Principal Office Address - No P.O. Box #
113 Adris Place

3. Mailing Office Address
P. O. Box 8516

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Dothan, AL

City & State
Dothan, AL

Zip
36305

Country

Zip
36304

Country

4. Date Incorporated or Qualified
To Do Business in Florida 04/27/1994

5. FEI Number
74-2975452

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 CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City Plantation

State
FL

Zip Code
33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

Barbara A. Burke

Barbara A. Burke
Special Assistant Secretary

Date 4-1-09

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
PD	Harrison, J. Benjamin	105 W. Church Street	Headland, AL 36345
SD	Efurd, Jan	85 Hidden Springs Ct	Dothan, AL 36305
D	Carter, Rebecca	17 Twin Oaks	Dothan, AL 36303
D	Carter, Vince	17 Twin Oaks	Dothan, AL 36303
D	Guest, Richard W.	368 Trawick Road	Dothan, AL 36305

REINSTATEMENT

RH

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 contained in Chapter 119, 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

John Benjamin Harrison

04/01/09

334-712-9939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #