

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P94000073470

1. Corporation Name

SPECIALTY EMPLOYEE LEASING, INC.

Principal Place of Business

Mailing Address

4908 NW 34TH ST  
#17  
GAINESVILLE FL 32605  
US

PO BOX 4026  
GAINESVILLE FL 32613  
US



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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/29/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3274831

Applied For

Not Applicable

City & State

City & State

GAINESVILLE, FL

Zip

Country

Zip

Country

32635-7100 US

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	4 City / State / Zip
VP	EDGE, HUGH	4908 NW 34TH ST #17	GAINESVILLE FL
ST	MCLAUGHLIN, PATRICK	511 MULBERRY & CENTRAL ST	COLEMAN FL

100003491431--6

12/08/00 01026 019

\*\*\*\*758.75 \*\*\*\*758.75

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDGE, HUGH JR.  
4908 NW 34TH AVENUE  
#1  
GAINESVILLE FL 32605

Name

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

Suite, Apt. #, Etc.

City

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.

Signature of  
Registered Agent

Handwritten signature of Hugh F. Edge  
REGISTERED AGENT MUST SIGN

Date 11-20-2000

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:

Handwritten signature of Hugh F. Edge  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-2000

Date

352-375-6162

Daytime Phone #

CR2E040 (8/00)