

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR 95-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 SEP -2 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080591

1. Corporation Name

FRANSTAFF, INC.

Principal Place of Business

Mailing Address

P. O. Box 3319
Sarasota, FL 34230

P. O. Box 3319
Sarasota, FL 34230

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

2. New Principal Office Address, If Applicable
73 South Palm Avenue

3. New Mailing Office Address, If Applicable
73 South Palm Avenue

4. Date Incorporated or Qualified
To Do Business in Florida 11/2/94

Suite, Apt. #, etc.
Suite 219

Suite, Apt. #, etc.
Suite 219

5. FEI Number
650538068

Applied For
Not Applicable

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34236 Country
Sarasota

Zip
34236 Country
Sarasota

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)	City / State / Zip
1	2	3	4
D/P/S/ T	DEMENT, JAMES W.	73 South Palm Avenue, #219	Sarasota, FL 34230

700002284057--6
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1090.001090.00

REINSTATEMENT

95-97

A. Alan
9/2/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

Name
David A. Beyer, c/o Rudnick & Wolfe

Street Address (P.O. Box Number is Not Acceptable)
101 E. Kennedy Blvd.

Suite, Apt. #, Etc.
Suite 2000

City Tampa State FL Zip Code 33602-5133

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 *David A. Beyer*
REGISTERED AGENT MUST SIGN

Date 8.27.97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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
James W. Dement, President

8/27/97

(941) 952-9595
Date Daytime Phone #

CP20040 (12/96)