

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

DOCUMENT # P94000081389

03 NOV -7 PM 5:39

1. Corporation Name

TEAMSTAFF II, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

TEAMSTAFF BUILDING 8TH FLOOR  
300 ATRIUM DRIVE  
SOMERSET NJ 08873

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Claimed  
To Do Business in Florida

11/07/1994

5. FEI Number

59-3277121

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
CC	ROMANO, GERARD	300 ATRIUM DRIVE	SOMERSET NJ 08873
<del>VTS</del>	<del>KELLY, DONALD T</del>	<del>300 ATRIUM DR</del>	<del>SOMERSET NJ 08873</del>
<del>D.</del>	<del>KAPPAUF, DONALD W.</del> T. Kent Smith	300 ATRIUM DR	SOMERSET NJ 08873
V/S	Edmund C. Kenealy	800 W. Cummings Pk. Suite 1500	Woburn, MA 01801
P	Wayne R. Lynn	1901 Ulmerton Rd Ste 800	Clearwater, FL 33762

8. Name and Address of Current Registered Agent

CORPORATION, CT  
1200 SO. PINE ISLAND ROAD  
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

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

SALVINA AMENTA-GRAY  
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

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:

Edmund C. Kenealy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

781-937-3311