

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 APR -7 PM 4:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000017798

1. Corporation Name

First Coast Interim Personnel, Inc.

Principal Place of Business

Mailing Address

21 Old Kings Rd. N. #B110
 Palm Coast, FL 32137

SAME

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

REINSTATEMENT *9900*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

3/3/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3298373

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Carol L. Peters	21 Old Kings Rd. N. #B110	Palm Coast, FL 32137
S-T	Alan W. Peters	21 Old Kings Rd. N. #B110	Palm Coast, FL 32137
			700003213497--8 -04/18/00--0111--025 ****750.00 ****750.00
			700003213497--8 -04/18/00--0111--026 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

Carol L. Peters
 21 Old Kings Rd. N. #B110
 Palm Coast, Florida 32137

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) **700003213497--8**
 Suite, Apt. #, Etc. **04/18/00--0111--027**
 City _____ State **FL** Zip Code *******8.75 *****8.75**

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

Carol Peters

REGISTERED AGENT MUST SIGN

Date

4/5/00

ii. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

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:

Alan W. Peters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Alan W. Peters, Secretary-Treasurer

Date

4/4/00

Daytime Phone #

(904) 447-3366

KE