

APPLICATION
FOR
REINSTATEMENT



Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 996000024845

1. Corporation Name Human Resources Information Systems, Incorporated

Principal Place of Business

Mailing Address

3808 Gunn Highway, Suite 202 Tampa, FL 33624

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

3/27/95

5. FEI Number

59-3306213

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)

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
Chairman	John J. Foley, II	9517 North Albany Avenue	Tampa, FL 33612
President	Richard R. Bruckberg	8631 May Circle	Tampa, FL 33614
			700002213557--1
			-06/16/97--01155--026
			****\$15.00 ****\$15.00
			MB10-13-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John J. Foley, III
9715 N. Albany Avenue
Tampa, Florida 33612

Name Richard R Bralburn
Street Address (P.O. Box Number is Not Acceptable) 8631 May Circle
Suite, Apt. #, Etc. Fla
City Tampa

State FL	Zip Code 33614
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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 _____

and the registered agent of the above named corporation, am familiar with and accept the obligations of
Paul R. Blazy John J. Haly
 REGISTERED AGENT MUST SIGN

Date 01/10/91

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

4/30/97 (83) 265-4866