

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P950000 46105

1. Corporation Name

LABOR TEMP USA, INC.

Principal Place of Business

Mailing Address

1877 S. Orange Blossom Trail
Orlando, FL 32805

PO Box 555489
Orlando, FL
32855-5489

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

32855-5489 Orange

4. Date Incorporated or Qualified
To Do Business in Florida

6/14/95

5. FEI Number

59-3325976

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

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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
D	John Montanaro	3659 DIXIE HWY	HAMILTON, OHIO 45015
			800003472428--8 -11/21/00--01033--012 *****750.00 *****750.00
			800003472428--8 -11/21/00--01033--013 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

Anthony Oliveri
835 Cherry St.
Winter Park, FL 32789

9. Name and Address of New Registered Agent

Name

DARLENE MCKAY

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

1877 S. Orange Blossom Trail

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32805

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

Darlene McKay

REGISTERED AGENT MUST SIGN

Date 10/26/2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 #

KE

CR2E081 (12/98)