PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
ADMICATION POPPLY DEPORTMENT	STATE
Secre la tate	EH ED
REINSTATEMENT DIVISION OF CORPORATIONS	
DOCUMENT # P95000051044 (2)	98 JUL 24 PM 3: 06
PERSONNEL INCORPORATED	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	(MEE/III)
Principal Place of Business AN WESTSHORE DLVD	
SUITE 103 4 SAME	3000026016235
TAMPA, FL. U0407 If above addresses are incorrect in any way, line through incorrect information and enter correction	-07/29/9801063001
2. New Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable 3.	
Sulle Apt. #, etc. SULTE 103	5. FEI Number Applied For
City & State City & State City & State Zip Country	88.75 Additional Fee regulard
33407 HIBBOROUGH	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Names and Street Addresses of Each Office and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip	
1 2 3 (Do NOT Use Post Office Box Numbers) 4 D-5-T CIANDEE BLVV. 1811 N. WESTSHORE BLVV.	
541TE 103 -1AMPA, PL 6060"	
DVP DIANE KNEPER 1811 N. WESTSHOREBLYD FL 3360)	
	- 18 18 18 18 18 18 18 18 18 18 18 18 18
	7/241
8. Name and Address of Current Registered Agent Name	9. Name and Address of New Registered Agent
DIANE KNEPPER Street	Address (P.O. Box Number is Not Acceptable)
9823 LEMA CT. NEW PORT RICHRY, FL 3465 Suite.	Apt. #, Etc.
City State 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.	
Signature of Registered Agent Dlattel Dlesson Date 7/2 1/28	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Design Prioric #	

Personnel Incorporated Serving The Tempa Bay Area Since 1983

1211 North Westshore Boulevard, Suite 103 Tampa, Florida 33607 Telephone (813)282-8722 Fax (813)282-8633

JULY 21, 1998

MR. MILLIGAN

ENCLOSED PLEASE FIND THE COMPLETED REINSTATEMENT FORM AND A CHECK FOR \$315.00, AS PER OUR CONVERSATION. AS STATED PREVIOUSLY WE NEVER RECEIVED OUR ANNUAL REPORT OR REINSTATEMENT FORM. I"VE ENCLOSED THE LAST REPORT FILED, WHICH WILL SHOW THAT WE REQUESTED A ADDRESS CHANGE. THE ADDRESS ON THE ANNUAL REPORT SHOULD READ 1211 N. WESTSHORE BLVD. SUITE 103 TAMPA, FLORIDA 33607. THIS WAS A OVERSIGHT ON OUR PART, THAT WE DIDN'T REALIZE WE HADN'T FILED. PLEASE CONSIDER WAIVING THE PENALTY AS THIS WASN,T A INTENTIONAL ACT.

THANK YOU SINCERELY

DIANE KNEPPER