PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 98 APR

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 NOV 19 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000056813

1. Corporation Name

ARBOR TEMPORARY SERVICES, INC.

Principal Place of Business	Mailing Address
33 OLD KINGS ROAD NORTH 1 PALM COAST FL 32137 US	26 WEST CEDAR LANE PALM COAST FL 32137

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: 07/21/1995

5. FEI Number: 59-3324136 ☐ 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	CANTANNO, FRANK M	26 WEST CEDAR LANE	PALM COAST FL 32137
D	CANTANNO, SHARON	26 WEST CEDAR LANE	PALM COAST FL 32137

800002699338--8
-12/01/98--01079--004
****150.00 ****150.00

11/23

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CANTANNO, FRANK M 26 WEST CEDAR LANE PALM COAST FL 32137	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (9/98)

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: FRANK CANTANNO JR. Date: 11/13/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: FRANK CANTANNO JR. 11/13/98 904-445-7201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ARBOR TEMPORARY SERVICES

33 Old Kings Road North, Suite One
Palm Coast, Florida 32137

Tel: (800) 473-7701 • (904) 445-7701
Fax: (800) 473-7702

November 13, 1998

Division of Corporations
Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Madam,

Per our conversation, with your department, I have not received any prior notices. Enclosed you will find our check in the amount of $150.00 for the reinstatement of the corporation.

Sincerely,

Frank Cantanno