

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -3 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000072690**

1. Corporation Name

EMPLOYEE PROFILES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

3350 NW 22ND TERR
SUITE 300B
POMPANO BEACH FL ~~90000~~
US

3350 NW 22ND TERRACE
SUITE 300B
POMPANO BEACH FL ~~90000~~
US

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
33069

Country

Zip
33069

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/1995

5. FEI Number

65-0609146

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	4 City / State / Zip
P	HUCKS, RANDOLPH E	3350 NW 22ND TRR, #300-B	POMPANO BEACH FL 90000 33069
VP	MACEACHRON, JOHN	3350 NW 22ND TERR, #300-B	POMPANO BEACH FL 90000 33069

300003070113--7
-12/14/99--01097--024
******758.75 ****758.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUCKS, RANDOLPH E
3350 NW 22ND TERR
SUITE 300-B
POMPANO BEACH FL ~~33069~~
33069

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Randolph E. Hucks

REGISTERED AGENT MUST SIGN

Date

10/27/99

11. 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

Randolph E. Hucks
Randolph E. Hucks

Date

Daytime Phone #

KE