

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

DOCUMENT # **P96000023299**

1. Corporation Name  
**NATIONAL EMPLOYMENT SERVICES INC.**

**FILED**  
97 NOV -3 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 8930 STATE ROAD 84 SUITE 237 DAVIE FL 33324	Mailing Address 8930 STATE ROAD 84 SUITE 237 DAVIE FL 33324
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**REINSTATEMENT 97**

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		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/13/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65 065 7593	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
D	<del>MARKO, PATRICIA H</del>	% 8930 STATE ROAD 84, SUITE 237	DAVIE FL 33324
D	<del>SABA, SASHA P</del>	% 8930 STATE ROAD 84, SUITE 237	DAVIE FL 33324
P	SCHOLLE, PATRICIA H	8930 State Rd 84, Ste 237	Davie, FL 33324
			400002339124--2 -11/05/97--01084--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. SUITE 211 PALM BEACH FL 33418	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>
		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 *Patricia H. Scholle* President Date 10/31/97  
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: Patricia H. Scholle - PATRICIA H. SCHOLLE Oct 28 97 9545875601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)