

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 OCT 25 PM 5:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000036921

1. Corporation Name

TEMP PLUS, INC.

Principal Place of Business

6422 HWY 90  
SUITE A  
MILTON FL 32570

Mailing Address

6422 HWY 90  
SUITE A  
MILTON FL 32570

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

43 W 9 Mile Rd  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

43 W 9 Mile Rd  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/25/1996

5. FEI Number

59-3376483

Applied For

Not Applicable

City & State

Pensacola, FL  
Zip 32534 Country USA Escambia Co

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Pensacola, FL  
Zip 32534 Country USA Escambia Co

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	PARKER, LYNN R	6623 RIDGECREST DR	MILTON FL 32570
V	GEORGE, KAREN LYNN	14595 CO. RD 28 SOUTH	FOLEY AL 36535
ST	MYRICK, KATHY LUCRETIA	603 BEASLEY ST. #3	EBRENTON AL 36426
		424 Surrey Drive	Gulf Breeze, FL 32561
			200003033592--9
			-11/03/99--01036--011
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

PARKER, LYNN R  
6623 RIDGECREST DR.  
MILTON FL 32570

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/19/99

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:

*Karen George*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-99 (1334)  
943-9094  
Date Daytime Phone #

CR20040 (8/99)