

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000036921

1. Corporation Name

TEMP PLUS, INC.

Principal Place of Business

43 W. 9 MULE ROAD
PENSACOLA FL 32534

Mailing Address

43 W. 9 MULE ROAD
PENSACOLA FL 32534

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

04/25/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3376483

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	PARKER, LYNN R	6629 RIDGECREST DR	MILTON FL 32570
V	GEORGE, KAREN LYNN	14595 CO. RD 28 SOUTH	FOLEY AL 36535
ST	MYRICK, KATHY LUCRETIA	424 SURREY DRIVE	GULF BREEZE FL 32561
P	Parker, LYNN R	4533 WATERWHEEL TURN	Pensacola, FL 32514
			400003500514--5 -12/13/00--01106--011
			****758.75 ****758.75 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARKER, LYNN R

~~6629 RIDGECREST DR.~~
~~MILTON FL 32570~~

Name

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

4533 Waterwheel Turn

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32514

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 10/27/00

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

Date

10/27/00

Daytime Phone #

FILED

00 NOV 29 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

CR2E040 (8/00)