

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS.

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9/24/03 01066-001-750.00
6/12/03 90012-011-150.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027797

1. Corporation Name
AMERICAN PAYROLL ENTERPRISES, INC.

2. Principal Office Address
7800 BELFORT PARKWAY

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
SUITE 165

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State

Zip Country
32256 USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
3/24/97

5. FEI Number
59-3430900

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name
MICHAEL HAMMOCK

Street Address (P.O. Box Number is Not Acceptable)
7800 BELFORT PARKWAY

Suite, Apt. #, Etc.
165

City
JACKSONVILLE

State Zip Code
FL 32256

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **[Signature]**
REGISTERED AGENT MUST SIGN

Date **10/5/04**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D, I	MICHAEL HAMMOCK	434 TRIPLE CROWN LANE	JACKSONVILLE, FL 32259
D, S, T	M. EVELYN HAMMOCK	434 TRIPLE CROWN LANE	JACKSONVILLE, FL 32259

10. 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/5/04** Daytime Phone # **(904) 281-0040**

CR2E081 (01/04)

10/08