

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000051513			
1. Corporation Name TEAM PERSONNEL SERVICES, INC.			
Principal Place of Business 655 IVES DAIRY ROAD SUITE 208 MIAMI, FL 33179		Mailing Address 655 IVES DAIRY ROAD SUITE 208 MIAMI, FL 33179	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 6363 TAFT STREET Suite, Apt. #, etc. SUITE 300		3. New Mailing Office Address, If Applicable 6363 TAFT STREET Suite, Apt. #, etc. SUITE 300	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33024	Country US	Zip 33024	Country US
4. Date Incorporated or Qualified To Do Business in Florida 06/11/1997		5. FEI Number 65-0759421	
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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DPVST	DOROTHY LEE WEBB	6363 TAFT STREET SUITE 300	HOLLYWOOD, FL 33179
8. Name and Address of Current Registered Agent OLA OLAIGBE 18441 NW 2ND AVENUE SUITE 220 MIAMI, FL 33169		9. Name and Address of New Registered Agent 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 REGISTERED AGENT MUST SIGN Date 6/3/99			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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 name 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:		6/3/99 954-983-6500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 AUG 19 PM 1:39

200002968262-8
 -08/24/99--01035--002
 *****350.00 *****350.00

M/6/23

CR2E040 (1/98)