

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 FEB -2 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000008774**

1. Corporation Name

**Employment Screening  
Profiles, Inc**

2. Principal Office Address

**4025 Tampa Rd**

3. Mailing Office Address

**same**

Suite, Apt. #, etc.

**1208**

Suite, Apt. #, etc.

City & State

**Oldsmar FL**

City & State

Zip

**34677**

Country

**Pinellas**

Zip

Country

**REINSTATEMENT 99-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/26/98**

5. FEI Number

**59-3490272**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Kenneth Grossman**

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

**2716 Sand Hollow Crt**

Suite, Apt. #, Etc.

City

**Clearwater**

State

**FL**

Zip Code

**33761**

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

**Kenneth Grossman**

Date

**2/1/00**

REGISTERED AGENT MUST SIGN

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

**Pres. Kenneth F. Grossman**

**2716 Sand Hollow Crt**

**Clearwater FL 33761**

**500003120115--8**

**-02/09/00--01099--016**

**\*\*\*\*908.75 \*\*\*\*908.75**

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:

**Kenneth Grossman**

**2/1/00 8139250942**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)