

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 22 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000080416

1. Corporation Name

FINANCIAL STAFFING, INC.

2. Principal Office Address

50 North Laura Street

3. Mailing Office Address

P. O. Box 4099

Suite, Apt. #, etc.

Suite 3300

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32202

Country

US

Zip

32201

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/15/98

5. FEI Number

59-3532654

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

RAX CO., a Florida corporation; c/o Sharon R. Henderson

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

50 North Laura Street, Suite 3300

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

700004672847-6

11/08/01 01047-003

***900.00 ***900.00

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

Sharon R. Henderson, VP

Date 2/5/01

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
D/P	Margaret L. Burgess	9428 Baymeadows Road, Ste.120	Jacksonville, FL 32256
S	Joan Tatsak	9428 Baymeadows Road, Ste.120	Jacksonville, FL 32256

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:

Margaret L. Burgess

Date

10/03/01

Daytime Phone #

904-737-7756