

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION FOR



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

FILED

00 NOV -3 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000107748**

1. Corporation Name

PERSONET EMPLOYMENT OPTIONS II, INC.

Principal Place of Business

Mailing Address

8140 SILVERMIST PLACE
NEW PORT RICHEY FL 34655

8140 SILVERMIST PLACE
NEW PORT RICHEY FL 34655



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

01/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RILEY, ROBERT V	8140 SILVERMIST PLACE	NEW PORT RICHEY FL 34655

500003485605--9
-12/05/00--01013--006
****150.00 ****150.00

DOUBT TS

8. Name and Address of Current Registered Agent

MILLER, RANDELL M
315 SOUTH HYDE PARK AVENUE
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name *ROBERT V. RILEY*

Street Address (P.O. Box Number is Not Acceptable)
8140 SILVERMIST PLACE

Suite, Apt. #, Etc.

City *New Port Richey* State **FL** Zip Code *34655*

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

Robert V. Riley

Date *11/1/00*

REGISTERED AGENT MUST SIGN

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:

Robert V. Riley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

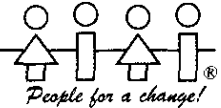
11/1/00

Date

727-781-2983

Daytime Phone #

CR2E040 (8/00)



11/1/00

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Re: Reinstatement of PersoNet Employment Options II, Inc.

To Whom It May Concern:

As discussed this morning, I did not receive the original notification to register this corporation for the year 2000.

Enclosed is the Application for Reinstatement along with our check for \$150.00. Due to the fact that I did not receive the original notification, I respectfully request that PersoNet Employment Options II, Inc. be reinstated without penalty.

Sincerely,


Robert V. Riley, President