

Page 1 of 2

FOIA
[REDACTED]



00 NOV -3 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

PERSONET EMPLOYMENT OPTIONS II, INC.

Mailing Address

8140 SILVERMIST PLACE
NEW PORT RICHEY FL 34655

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Zip

Country

01/01/1999

5

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RILEY, ROBERT V	8140 SILVERMIST PLACE	NEW PORT RICHEY FL 34655
			500003485605--9 -12/05/00--01013--006
			****150.00 ****150.00
		DD UBR T8 :	

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 _____

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

Suite, Apt. #, Etc.

City

State

Zip Code	
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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 _____

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.

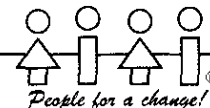
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

0096597 AF



11/1/00

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

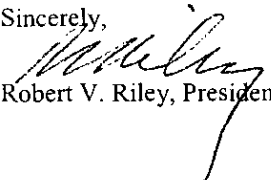
Re: Reinstatement of PersoNet Employment Options II, Inc.

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