


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">00 SEP 29 PM 4:09</div> <div style="font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # <u>P99000024129</u>					
1. Corporation Name Omne Staff Leasing Services, Inc.					
Principal Place of Business 5913 Normandy Blvd Suite 11 & 12 Jacksonville, FL 32205			Mailing Address 111 8th Avenue New York NY 10011		
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 3-16-99	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3305521	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$9.75 Additional Fee required for a Certificate of Status</small>	
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 (Do NOT Use Post Office Box Numbers)
	P		Barry M. Sinins		1440-18 Dunn Avenue Jacksonville, FL 32218
					500003416545--1 -10/06/00--01003--031 ****183.75 ****183.75
					500003416545--1 -10/06/00--01003--031 ****575.00 ****575.00
8. Name and Address of Current Registered Agent					
CT Corporation 1200 S. Pine Island Rd. Plantation, FL 33324					
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
				FL	
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 <u>Carmie Bryan</u> Date <u>9-29-00</u> <small>REGISTERED AGENT MUST SIGN</small> <u>Carmie Bryan, Special Asst. Secy.</u>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.) LS					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>[Signature]</u> Date <u>9/27/00</u> Daytime Phone # <u>1-800-321-6663</u> <small>SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR</small>					