

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

W2

CORPORATION

FLORIDA DEPARTMENT OF STATE



Katherine Davis  
Secretary of State

FILED

00 DEC -5 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P 99000039688

1. Corporation Name

Simpson Staffing Services Inc.

2. Principal Office Address

4300 W. Cypress Street

Suite, Apt. #, etc.

Suite 380

City & State

Tampa, FL

Zip

33607

Country

U.S.

3. Mailing Office Address

10132 Nassau Street

Suite, Apt. #, etc.

Suite 423

City & State

New York, NY

Zip

10038

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

5/3/99

5. FEI Number

22-3654623

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

Annette Hoffman

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

7003 Bonaventure Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33607

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

Annette Hoffman

REGISTERED AGENT MUST SIGN

Date 11-30-00

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
P	Annette Hoffman	132 Nassau Street Suite 423	New York, NY 10038

KE

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:

Annette Hoffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-30-00

Daytime Phone #