

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000057695

1. Corporation Name

OMSTAFF, INC.

Principal Place of Business

Mailing Address

3599 UNIVERSITY BLVD SOUTH
SUITE 903
JACKSONVILLE FL 32207
US

3599 UNIVERSITY BLVD SOUTH
SUITE 903
JACKSONVILLE FL 32207
US

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

2. New Principal Office Address, If Applicable

8719 TOWNSQUARE DR N
Suite, Apt. #, etc.
JACKSONVILLE, FLORIDA

3. New Mailing Office Address, If Applicable

8719 TOWNSQUARE DR N.
Suite, Apt. #, etc.
JACKSONVILLE, FLORIDA

City & State

City & State

Zip

32216

Country

U.S.A.

Zip

32216

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1999

5. FEI Number

59-3583595

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
PCD	BALANGUE, MAILED ROBERTO D.	8719 TOWNSQUARE DRIVE NORTH	JACKSONVILLE FL 32216
TD	PATEL, DINESH D	11207 CHESTER LAKE ROAD WEST	JACKSONVILLE FL 32256
S	LILIBETH E PEREZ	1732 TELFAIR CHASE WAY	LAWRENCEVILLE GA 30043
SD	BAYOT, ANDREA L	3991 HABANA AVE	JACKSONVILLE FL 32217
VD	PATEL, FALGUNI D	11207 CHESTER LAKE ROAD WEST	JACKSONVILLE FL 32256
TD	EDGAR BALANGUE	8719 TOWNSQUARE DR N	JACKSONVILLE, FL 32216

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATEL, FALGUNI D
11207 CHESTER LAKE ROAD WEST
JACKSONVILLE FL 32256

Name

ROBERTO D. BALANGUE

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

8719 TOWNSQUARE DRIVE NORTH

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

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. or 617.0505, F.S.

Signature of
Registered Agent

Roberto D. Balangue

REGISTERED AGENT MUST SIGN

600027634926
01/27/04--01007--011 **900.00
Date 1/12/2004

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.

ROBERTO D. BALANGUE

SIGNATURE:

Roberto D. Balangue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/2004

Daytime Phone #

(904)
121-3400

FILED

04 JAN 27 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

CR2E040 (7/03)