

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000062743

1. Corporation Name

BEST PRACTICES OF THE STAFFING INDUSTRY, INC.

Principal Place of Business

Mailing Address

5179 S.W. 71ST PLACE  
MIAMI FL 33155

5179 S.W. 71ST PLACE  
MIAMI FL 33155

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

07/14/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied **SP**

City & State

City & State

65-0938455

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STUBBLEFIELD, D. AUSTIN	5179 S.W. 71ST PLACE	MIAMI FL 33155
D	GRESHAM, H. WADE	3629 HATHAWAY RD.	DURHAM, NC 27707
D	HUNSTON, TOM	1001 MANATI AVE	CORAL GABLES, FL 33146

900003441639--7  
-10/27/00--01017--006  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STUBBLEFIELD, D. AUSTIN  
5179 S.W. 71ST PLACE  
MIAMI FL 33155

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/13/00

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D AUSTIN STUBBLEFIELD

10/13/00  
Date

305-661-4027  
Daytime Phone #

FILED  
00 OCT 16 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 00

CR2E040 (8/00)