

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

98 DEC 23 PM 4:19

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **V14724**

1. Corporation Name

**CAP TEMP, INC.**

Principal Place of Business

1221 BRICKELL AVE  
 MIAMI FL 33131

Mailing Address

1221 BRICKELL AVE  
 MIAMI FL 33131



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/18/1992	
City & State		City & State		5. FEI Number	
Zip		Country		65-0335429	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

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)	4 City / State / Zip
PD	TANIS, ROY D	1221 BRICKELL AVE	MIAMI FL
D	HARRIS, LUCIOUS	1221 BRICKELL AVE	MIAMI FL
D	PROMOFF, DAVID H.	1221 BRICKELL AVE	MIAMI FL
S	CARTARPHEN, LISA R	1221 BRICKELL AVE	MIAMI FL

**REINSTATEMENT**

98

12-23-98

100002721331--2

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
MEYERSON, LAURENCE 1221 BRICKELL AVE MIAMI FL 33133		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: [Signature] **SIGNATURE REQUIRED** Date: 12/22/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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)(f), 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] **SIGNATURE REQUIRED** Date: 12/22/98 Daytime Phone #: (305) 536-1583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (8/88)



**THE UNITED STATES  
CORPORATION**  
COMPANY

ACCOUNT NO. : 072100000032  
 REFERENCE : 077944 4303929  
 AUTHORIZATION : *Patricia Rojas*  
 COST LIMIT : \$ 758.75

ORDER DATE : December 23, 1998  
 ORDER TIME : 3:27 PM  
 ORDER NO. : 077944-005  
 CUSTOMER NO: 4303929  
 CUSTOMER: Ms. Yolanda Rodriguez  
 Greenberg Traurig  
 1221 Brickell Avenue  
 20th Floor  
 Miami, FL 33131

DOMESTIC FILINGS

NAME: CAP TEMP, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
 58 DEC 23 PM 3:58  
 DIVISION OF CORPORATION