

FORM NO. 100  
7-72

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

1. Corporation Name

Corporation Name  
Temp One of South Florida Inc

Mailing Address

1001 NW 62 ST.  
SUITE 107  
Ft. LAUDERDALE FL 33309

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip	Country	Zip	Country
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7-14-1992

5. FEI Number

65-0344807

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☒

### 30.15 Additional Information 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRESIDENT	ARTHUR P WARD	1001 NW 62 ST. SUITE 107	FT. LAUDERDALE FL 33309

100002398051--8  
-01/13/98--01038--002  
\*\*\*165.00 \*\*\*165.00

A. alum  
Jan. 12, 1998

9. Name and Address of New Registered Agent

KRISTEN WARD  
21863 PALM GRASS DRIVE  
BOCA RATON, FL 33428

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State	Zip Code
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FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date 12/15/11

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/97 954-772-7702