

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 FEB -8 AM 9:10

900309038449

CR2E081 (11/10)

DOCUMENT #

1. Corporation Name

ONFORCE, INC.
F05000003855

2. Principal Office Address - No P.O. Box #

One ADP Boulevard

Suite, Apt #, etc

MS 325

City & State

Roseland, New Jersey

Zip

07068

Country

USA

3. Mailing Office Address

One ADP Boulevard

Suite, Apt #, etc

MS 325

City & State

Roseland, New Jersey

Zip

07068

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida
July 5, 2005

5. FEI Number

20-3033134

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

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

REINSTATEMENT

2008-2018

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

Galvina Amenta-Cray

GALVINA AMENTA-CRAY

GENERAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

2/8/2018

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/S/D	Michael A. Bonarti	One ADP Boulevard	Roseland, NJ 07068
VP/T	Michael C. Eberhard	One ADP Boulevard	Roseland, NJ 07068
VP/D	Jan Siegmund	One ADP Boulevard	Roseland, NJ 07068
AS	Brian Gallagher	One ADP Boulevard	Roseland, NJ 07068
AS	Charles Gibbons	One ADP Boulevard	Roseland, NJ 07068
AS	Dorothy Wisniewski	One ADP Boulevard	Roseland, NJ 07068

10. E-mail Address: daria.goginsky@adp.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Dorothy Wisniewski

Dorothy Wisniewski, Assistant Sec'y

Date

2/7/18

Daytime Phone

973-974-5510

Name	Title	Title Role
Bonarti, Michael A.	Director	Director
Siegmund, Jan	Director	Director
Bonarti, Michael A.	President and Secretary	Officer
Eberhard, Michael C.	Vice President and Treasurer	Officer
Gallagher, Brian	Assistant Secretary	Officer
Gibbons, Charles	Assistant Secretary	Officer
Siegmund, Jan	Vice President and Controller	Officer
Wisniewski, Dorothy	Assistant Secretary	Officer

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 2/8/2018

Acc#120160000072



Name:	ONFORCE, INC.
Document #:	F05000003855
Order #:	10826528

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 2558.75

Reinstatement \$2550.00
Certified Copy \$875

RECEIVED
2008 FEB - 8 PM 3:28
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Thank you!