

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 26 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000080909

1. Corporation Name

LABOR SOURCE OF PENSACOLA, INC.

REINSTATEMENT 03-04



700027544337
01/26/04--01011--031 **150.00

Principal Place of Business Mailing Address
43 WEST 9 MILE ROAD PENSACOLA FL 32534
43 WEST 9 MILE ROAD PENSACOLA FL 32534

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
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 07/25/2002
5. FEI Number 47-0880329 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KAREN, GEORGE	43 WEST 9 MILE ROAD	PENSACOLA FL 32534

8. Name and Address of Current Registered Agent
GEORGE, KAREN E
43 WEST 9 MILE ROAD
PENSACOLA FL 32534

9. Name and Address of New Registered Agent
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. or 617.0505, F.S.
Signature of Registered Agent Karen George Date 1-14-04
REGISTERED AGENT MUST SIGN

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: Karen George Date 1-14-04 (850) 969-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)

Labor Source of Pensacola, Inc.
43 West 9 Mile Road
Pensacola, FL 32534
(850) 969-0040

To Whom It May Concern:

It is kindly requested that the \$600 late fee be waived as I did not receive the 1st or 2nd annual report form for 2003. I have requested that my accountant remind me to file in the future on time. Enclosed is a check for \$300.00. Please advise if the fee will be waived.

Thank you very much.



Karen George
Labor Source of Pensacola, Inc.