

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 26 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400181380954
05/26/10--01005--020 **8.75

400181380954
05/26/10--01005--019 **1500.00

CR2E081 (4/10)

DOCUMENT #

1. Corporation Name
Jack Morton Worldwide, Inc.
Document # *F00000003929*

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

919 Third Ave

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10022

Country

U.S.A.

3. Mailing Office Address

8000 Norman Center Drive

Suite, Apt. #, etc.

Suite 400

City & State

Minneapolis, MN

Zip

55437

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

7-11-2000

5. FEI Number

53-0257863

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 *Capitol Corporate Services, Inc.*

Street Address (P.O. Box Number is Not Acceptable)
155 Office Plaza Drive

Suite, Apt. #, Etc
Suite A

City
Tallahassee

State
FL

Zip Code
32301

PROFIT CORPORATIONS ONLY
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Coyle Wundt, asst sec*
REGISTERED AGENT MUST SIGN

Date *5-24-2010*

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
<i>D/S/</i> <input checked="" type="checkbox"/>	<i>Nicholas J. Canera</i>	<i>1114 Ave of the Americas</i>	<i>New York NY 10036</i>
<i>V</i>	<i>Debra Nichols</i>	<i>8000 Norman Center Dr</i>	<i>Minneapolis, MN 55437</i>
<i>P</i>	<i>Joseph McCall</i>	<i>142 Berkeley Street</i>	<i>Boston MA 02116</i>
<i>T</i>	<i>Ellen Johnson</i>	<i>1114 Ave of the Americas</i>	<i>New York NY 10036</i>
<i>AS</i>	<i>Jim Chirco</i>	<i>1114 Ave of the Americas</i>	<i>New York NY 10036</i>

REINSTATEMENT

10. E-mail Address: *pschroeder@cmgrp.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., 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.

SIGNATURE: *Nicholas J. Canera*

Nicholas J. Canera *5-21-2010*
212-704-1367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RR