

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 16 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000066530

1. Corporation Name

TMP Worldwide Inc.

2. Principal Office Address
622 Third Avenue

Suite, Apt. #, etc.

City & State

New York, New York ~~10017~~

Zip

10017

Country

3. Mailing Office Address

622 Third Avenue

Suite, Apt. #, etc.

City & State

New York, New York ~~10017~~

Zip

10017

Country

REINSTATEMENT 2000

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

13-3906555

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

UNITED CORPORATE SERVICES

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

9200 SOUTH DADELAND BOULEVARD

Suite, Apt. #, Etc.

SUITE 508

City

MIAMI

State

FL

Zip Code

33156

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

Michael A. Barr

Michael A. Barr, Pres.

Date 11/6/00

REGISTERED AGENT MUST SIGN

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
CEO, Dir.	Andrew J. McKelvey	c/o TMP Worldwide Inc. 622 THIRD AVE, 39 FL	New York, New York 10017
COO, EVP	James J. Treacy	622 THIRD AVE, 39 FL c/o TMP Worldwide Inc.	New York, New York 10017
Exe. V.P.	George R. Eisele	622 THIRD AVE, 39 FL c/o TMP Worldwide Inc.	New York, New York 10017
V.P.	Myron Olesnyckyj	c/o TMP Worldwide Inc.	New York, New York 10017

10. 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

Myron Olesnyckyj
Myron Olesnyckyj

Date

11/3/00

Daytime Phone #

212 351 7000

CR2E081 (9/99)