

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

01 AUG 20 AM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005168

1. Corporation Name

GOLIN/HARRIS INTERNATIONAL, INC.

2. Principal Office Address

111 E. WACKER DRIVE

3. Mailing Office Address

111 E. WACKER DRIVE

Suite, Apt. #, etc.

10TH FLOOR

Suite, Apt. #, etc.

10TH FLOOR

City & State

CHICAGO, ILLINOIS

City & State

CHICAGO, ILLINOIS

4. Date Incorporated or Qualified
To Do Business in Florida

10/2/97

5. FEI Number

06-1269696

Applied For

Not Applicable

Zip

60601

Country

USA

Zip

60601

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0805 or 617.0503, F.S.

Signature of
Registered Agent

Deborah D. Skipper

Deborah D. Skipper

Date 8-20-01

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
	SEE ATTACHED RIDER		

REINSTATEMENT 98-01

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mw

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)(f), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COLLETT TAYLOR

Date

8/13/01

(312) 729-4000

Daytime Phone #

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GO LIN/HARRIS INTERNATIONAL, INC.
Corporation Reinstatement

Officers and Directors Rider

<u>Title</u>	<u>Name</u>	<u>Business Address</u>
D/C	Richard Jernstedt	111 E. Wacker Dr. Chicago, IL 60601
D	Alvin Golin	111 E. Wacker Dr. Chicago, IL 60601
D/P	David Gilbert	111 E. Wacker Dr. Chicago, IL 60601
D/T	Stephen Russell	111 E. Wacker Dr. Chicago, IL 60601
D/S	Collette Taylor	111 E. Wacker Dr. Chicago, IL 60601
D	Keith Burton	111 E. Wacker Dr. Chicago, IL 60601
D	Ellen Ryan Mardiks	111 E. Wacker Dr. Chicago, IL 60601
D	Richard Murray	111 E. Wacker Dr. Chicago, IL 60601
D	R. Lane Bailey	2300 Clarendon Blvd. Arlington, VA 22201
D	Fred Cook	601 West 5 th St. Los Angeles, CA 90071
D	Michael Kempner	One Meadowlands Plaza E. Rutherford, NJ 07073
D	Richard Wolff	405 Lexington Ave. New York, NY 10017



ACCOUNT NO. : 072100000032

REFERENCE : 429663 4349124

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 1200.00

ORDER DATE : August 17, 2001

ORDER TIME : 10:49 AM

ORDER NO. : 429663-005

CUSTOMER NO: 4349124

CUSTOMER: Megan Hutchinson, Paralegal
The Interpublic Group Of
1271 Avenue Of The Americas
44th Floor
New York, NY 10020

RECEIVED
01 AUG 20 PM 12: 03
DIVISION OF CORPORATION

REINSTATEMENT

NAME: GOLIN/HARRIS INTERNATIONAL,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

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