

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # J34341
1. Corporation Name Career Connection, Inc.

2. Principal Office Address 2201 Corporate Blvd., NW Suite, Apt. #, etc. Suite 108 City & State Boca Raton, FL Zip 33431		3. Mailing Office Address 3340 Peachtree Rd., NE Suite, Apt. #, etc. #1800 City & State Atlanta, GA Zip 30326	
Country	Country	Country	Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida 9/19/86

5. FEI Number 650001060
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: Pam Masters
Street Address (P.O. Box Number is Not Acceptable): 648 Ocean Shore Boulevard
Suite, Apt. #, etc.:
City: Ormond Beach
State: FL Zip Code: 32176

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: Pamela R. Masters Date: 01/08/01
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
P/D	Jessica Killgore	3340 Peachtree Rd., NE, #1800	Atlanta, GA 30326
V/D	Robert A. Killgore	3340 Peachtree Rd., NE, #1800	Atlanta, GA 30326

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: Robert A. Killgore Date: 12/27/00 Daytime Phone #: 404-814-5232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)