PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 27 PM 3:10

900030400129
03/15/04--01016--008 **200.00

DOCUMENT # L97000001173

1. Limited Liability Company's Name

EFFECTIVE RECRUITING INTERNATIONAL

2. Principal Office Address	3. Mailing Office Address
4161 ROYAL OAK DR.	4161 ROYAL OAK DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS FL.	City & State: PALM BCH GARDENS FL.
Zip: 33410 Country: USA	Zip: 33410 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 1997

6. FEI Number: 650789452 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: JAMES O'PRAY
Street Address (P.O. Box Number is Not Acceptable): 4161 ROYAL OAK DR.
Suite, Apt. #, Etc.: PALM BEACH GARDENS, FL.
City: | State: FL | Zip Code: 33410

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: James O'Pray — REGISTERED AGENT MUST SIGN — Date: 2/19/04

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr PRES	JAMES O'PRAY	SAME AS ABOVE	
Mgr SEC.	JEAN O'PRAY	SAME AS ABOVE	
		REINSTATEMENT 03-04 dcc	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: James O'Pray — Date: 2/19/04 — Daytime Phone #: 561-626-2977

Typed or printed name of signing Managing Member/Manager: JAMES O'PRAY