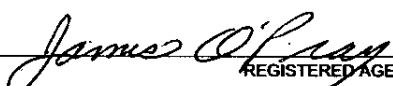


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 4161 ROYAL OAK DR. Suite, Apt. #, etc.		3. Mailing Office Address 4161 ROYAL OAK DR. Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA	
City & State PALM BEACH GARDENS FL.		City & State PALM BEACH GARDENS FL.		5. Date Organized or Qualified To Do Business in Florida 1997	
Zip 33410	Country USA	Zip 33410	Country USA	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 			DATE 2/19/04		
REGISTERED AGENT MUST SIGN					
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	
PRES.	JAMES O'PRAY	SAME AS ABOVE			
SEC.	JEAN O'PRAY	SAME AS ABOVE			
REINSTATEMENT				03-04 dcs	
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 			DATE 2/19/04 Daytime Phone # 561-626-2977		
Typed or printed name of signing Managing Member/Manager			JAMES O'PRAY		

CR2EM1 (10/02)