

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

09 OCT 21 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000005958
1. Limited Liability Company's Name
 CTPartners Executive Search LLC

2. Principal Office Address - No P.O. Box # 28601 Chagrin Blvd.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cleveland, Ohio		City & State	
Zip 44122	Country USA	Zip	Country

4. State/Country of Formation
Delaware/USA

5. Date Organized or Qualified To Do Business in Florida 10/02/2007

6. FEI Number 52-2402079 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *Diane Stout* **Diane Stout, Asst. Secretary** Date 10-14-09
 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
CEO	Brian M Sullivan	2305 Casey Key Road	Nokomis, FL 34275
COO	David C Nocifora	2703 Overlook Dr.	Twinsburg, OH 44087
EVP	Umesh Ramakrishnan	125 Lethbridge Cir.	Copley, OH 44321
<p>REINSTATEMENT 09</p> <p>10/15/09--01050--001 **238.75 600161772346 10/15/09--01050--001 **238.75</p>			

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 *David C. Nocifora* Date 10/14/09 Daytime Phone # 216-682-3108
 Typed or printed name of signing Managing Member/Manager DAVID C. NOCIFORA