

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN 10 AM 11:50

DOCUMENT #

1. Corporation Name

New Address P0000010076p  
The Recruiting Source, INC

2. Principal Office Address

600N Pine Island Rd

Suite, Apt. #, etc.

450

City & State

Plantation

Zip  
33324

Country  
US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Florida

Zip  
33324

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

10-25-01

5. FEI Number

65-1050106

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

Corporate

Corporate Creations Network Inc.

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

941 Fourth St. #200

Suite, Apt. #, Etc.

200

City

Miami

500004780875-8

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\*\*\*\*300.00 \*\*\*\*300.00

State  
FL

Zip Code

33139

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

Date

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
Secretary	Debra Ann Magueda	600 Pine Island Rd Ste 450	plantation, FL, 33324

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:

Debi Magueda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/01

Date

954-315-0219

Daytime Phone #

CR2E081 (9/00)

Revised Letter

Letter # 701A00067380

January 7, 2001

Thank you for your prompt attention regarding re-instatement.

Please find an additional \$150.00 per 2002 fees.

I apologize that I failed to let you know I never received any documentation of the Business Report (UBR).

Since then I have seen an accountant, and have mailed in my financial report back in December.

Please let me know if you should need further documentation, or if this is sufficient.

Once again thank you for helping me with this matter.

Debi Mayneda

Please find a check in the sum of  
\$300.00