

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000087473

1. Corporation Name

MEDICAL PROFESSIONAL RECRUITMENT, INC.

Principal Place of Business

100 EAST LINTON BLVD.
SUITE 409B
DELRAY BEACH FL 33483

100 EAST LINTON BLVD.
SUITE 409B
DELRAY BEACH FL 33483

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <i>100 E. Linton Blvd.</i> Suite, Apt. #, etc. <i>506 B</i>		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State <i>Delray Beach, FL.</i>	
City & State <i>Zip 33483</i>		City & State Zip Country	
6. <input checked="" type="checkbox"/> CERTIFICATE OF STATUS DESIRED		4. Date Incorporated or Qualified To Do Business in Florida <i>09/04/2001</i>	
		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
\$8.75 Additional Fee required for a Certificate of Status			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	ANDERSON, DONOVAN	100 EAST LINTON BLVD., STE. 409B	DELRAY BEACH FL 33483
P	ANDERSON, DONOVAN	100 E Linton Blvd, Ste. 506 B, FL. 33483	Delray Beh, FL. 33483
T			

8. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

COOKE, BRIAN J
515 NORTH FLAGLER DRIVE
SUITE 600
WEST PALM BEACH FL 33401

Name John Doe

Street Address (P.O. Box Number in N.Y.A. 1111)

100 E. Water Blvd.

Suite, Apt. #, Et

C. 506 B

State **FL** Zip Code **33483**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 602.0505, E.S., or 612.0605, E.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/22/02

11. 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-

SIGNATURE REQUIRED *John Anderson* *10/22/02* *5390*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20x2

Friday, October 25, 2002

Medical Professional Recruitment Inc.

100 E. Linton Blvd. #506B

Delray Beach, FL 33483

Division of Corporations

Annual Report/Reinstatement Section

P.O. Box 6327

Tallahassee, FL 32314-6327

**RE: P01000087473
Non-receipt of Notice**

To Whom It May Concern:

This serves to inform you that the above mentioned company did not receive a notice from your department for renewal. Please reinstate our registration given the above situation. Enclosed, please find the fees of \$150.00 and \$8.75 for certification.

Sincerely,



Donovan Anderson
Director/President