

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 30 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108299

1. Corporation Name

INTERNATIONAL RECRUITING PARTNERS, INC.

2. Principal Office Address

2750 Old St. Augustine Rd.

3. Mailing Office Address

2750 Old St. Augustine Rd.

Suite, Apt. #, etc.

N145

Suite, Apt. #, etc.

N145

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

USA

Zip

32301

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/09/01

5. FEI Number

N/AE

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

Brendan G. Slattery

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

2750 Old St. Augustine Rd., N145

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Brendan G. Slattery
REGISTERED AGENT MUST SIGN

Date 04/29/04

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
DPS	Harti Löffler D'Casagiove	c.p.88, I-55044 Marina di Pietrasanta	Tuscany, Italy

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: *Harti Löffler D'Casagiove* 04/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

+33-3477-833.966
Daytime Phone #

CR2E081 (01/04)