

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV 19 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000116940**

**1. Corporation Name**

Recruitalliance, Inc.

**2. Principal Office Address**

15 Miramar Road

Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip

34996

Country

U.S.A.

**3. Mailing Office Address**

15 Miramar Road

Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip

34996

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

December 10, 2001

**5. FEI Number**

65-1159394

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 02

**7. Name and Address of Current Registered Agent**

Name

Louis Volpe

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

15 Miramar Road

Suite, Apt. #, Etc.

City

Stuart

State  
**FL**

Zip Code

34996

**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

*Louis Volpe*

REGISTERED AGENT MUST SIGN

Date

November 15, 2002

**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
P	Louis Volpe	15 Miramar Road	Stuart, Florida 34996

**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:**

*Louis Volpe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Volpe

11/15/2002 (772) 781-1844

Date

Daytime Phone #

CR2E081 (9/01)