

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -9 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000002813**

1. Corporation Name

CONTINENTAL JOB INFO INC.

2. Principal Office Address

1700 N DIXIE HWY

Suite, Apt. #, etc.

111

City & State

BOCA RATON FL

Zip

33432

Country

USA

3. Mailing Office Address

1700 N. DIXIE HWY

Suite, Apt. #, etc.

111

City & State

BOCA RATON FL

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/2002

5. FEI Number

80 000 3449

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

KENNETH ELLER

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

1700 N. DIXIE HWY

Suite, Apt. #, Etc.

SUITE 111

City

BOCA RATON

State

FL

Zip Code

33432

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 **12-4-03**

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
P	KENNETH L. ELLER	1700 N. DIXIE HWY # 111	BOCA RATON FL 33432

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-03

Date

561-226 0915 3

Daytime Phone #

CH2E081 (10/02)