

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 APR 15 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000061540

1. Corporation Name

JSR RECRUITING INC.

2. Principal Office Address - No P.O. Box #

2513 SW 36 LANE

Suite, Apt. #, etc.

NA

City & State

CAPE CORAL FL

Zip

33914

Country

3. Mailing Office Address

49 SQUARE PIGGER LN

Suite, Apt. #, etc.

NA

City & State

HYANNIS MA

Zip

02601

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT 2012

5. FEI Number

46-0569963

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

JEFFREY S RUSSELL

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

2513 SW 36 LANE

Suite, Apt. #, Etc.

NA

City

CAPE CORAL

State

FL

Zip Code

33914

100284625871

04/15/16--01028--001 **750.00

~~04/15/16--01028--001 **750.00~~

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

Jeffrey S Russell
REGISTERED AGENT MUST SIGN

Date

4/10/16

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 |
|--------|--------------------------------------|---|---------------------|
| PRES | JEFFREY S RUSSELL | 2513 SW 36 LANE | CAPE CORAL FL 33914 |
| | | | |
| | | | S. HAWKES |
| | | | APR 18 AM. |
| | | | EXAMINER |
| | | | |

10. E-mail Address: JRUSSELL@GRNTHETCAPE.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jeffrey S Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/16 239-849-0926

Date

Daytime Phone #