

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC. DIVISION

06 OCT -5 PM 2:45

DOCUMENT # P92000009344

1. Corporation Name

JCM RECRUITING GROUP, INC

2. Principal Office Address

34432 TUSCANY AVE

Suite, Apt #, etc.

City & State

SORRENTO, FL

Zip

32776 LAKE

Country

LAKE

3. Mailing Office Address

4044 W. LAKE MARY BLVD

Suite, Apt #, etc

UNIT 104 Box 319

City & State

LAKE MARY, FL

Zip

32746

Country

SEMINOLE

REINSTATEMENT 98-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

11/30/1992

5. FEI Number

59-3154946

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN C. MITCHELL

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

34432 TUSCANY AVE

Suite, Apt # Etc

City

SORRENTO

State

FL

Zip Code

32776

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

John C. Mitchell

REGISTERED AGENT MUST SIGN

Date

10-3-06

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
PRESIDENT	JOHN C. MITCHELL	34432 TUSCANY AVE	SORRENTO, FL 32776

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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 contained in Chapter 119, 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:

JOHN C. MITCHELL
John C. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/06

Date

407-660-1000

Daytime Phone #