


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000014590		
1. Entity Name MANAGEMENT RECRUITERS OF PALM BEACH, INC.		

Principal Place of Business 2745 EAST OAKLAND PARK BLVD. SUITE 200 FORT LAUDERDALE, FL 33306 US	Mailing Address 2745 EAST OAKLAND PARK BLVD. SUITE 200 FORT LAUDERDALE, FL 33306 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
JOHASKY, THOMAS K. 1700 ELAS OLAS BLVD. PH 5 FT. LAUDERDALE, FL 33301	

7. Name and Address of New Registered Agent	
Name JOHASKY, THOMAS K.	
Street Address (P.O. Box Number is Not Acceptable)	
2745 EAST OAKLAND PARK BLVD. SUITE 200	
City FORT LAUDERDALE	FL Zip Code 33306

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Thomas K. Johasky</i>	DATE: 11-12-04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHASKY, THOMAS K. 2745 EAST OAKLAND PARK BLVD., SUITE 200 FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200043043492 11/29/04--01060--011 **\$750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Thomas K. Johasky</i>	DATE: 11-12-04
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	

FILED
04 NOV 29 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

