## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLED  CORPORATION REINSTATEMENT  PARTICLE Secretary of State DIVISION OF CORPORATIONS  SECRETARY  SECRETARY  PARTICLE STATE  29 00 COVE CAY DRIVE  29 00 COVE CAY DRIVE  29 00 COVE CAY DRIVE  SUITE 5-D  Cly & Sults  CLEARWATER, FL  CLEARWATER, FL  CLEARWATER, FL  CLEARWATER, FL  To Discusses in Finding  MARCH 28, 1994  A Date incremented or Country Spin-23215  To Discusses in Finding  MARCH 28, 1994  A Date incremented or Country Spin-23215  A price for To Discusses in Finding  MARCH 28, 1994  A Date incremented or Country Spin-23215  To Discusses in Finding  MARCH 28, 1994  A Date incremented or Country Spin-23215  A Date incremented or Country Spin-23215  To Discusses in Finding  MARCH 28, 1994  A Date incremented or Country Spin-23215  A price for To Discusses in Finding  MARCH 28, 1994  A Date incremented or Country Spin-23215  A Date incremented or Count				<u> </u>	•	چ الارونام الارونام	ima <sub>n</sub>		
DOCUMENT # P94000023391 1. corporation Name B&C RECRUITERS,INC  2. Principal Office Address 2. Principal Office Address 2. Principal Office Address 3. Mailing Office Address 2. Principal Office Address 2. Principal Office Address 3. Mailing Office Address 2. Principal Office Address 3. Mailing Office Address 2. Principal Office Address 3. Mailing Office Address 4. Date Address of College Form Form Form Form Form Form Form Form	CORPORATION FLORIDA DEPARTMENT OF					1 1 4 1	- A 87		
DOCUMENT # P94000023391  1. Copposition Name  B&C RECRUITERS,INC  2. Principal Office Address 2900 COVE CAY DRIVE  2900 COVE CAY DRIVE  2900 COVE CAY DRIVE  2900 COVE CAY DRIVE  3. Mailing Office Address 2900 COVE CAY DRIVE  2900 COVE CAY DRIVE  30. Ad 8, and 30. Ad 8, and 30. County 33760  CLEARWATER, FL  Summe and Address of Current Registered Agent  Name  HOLDEN, WILLIAM  Steed Address (P.O. Box Number is Not Acceptable)  2900 COVE CAY DR  Summe, Apr. R. Elic  SUITE 5-D  City  CLEARWATER  Summe and Address of Current Registered Agent  Name  PROSIDER ADDRESS SUMMERS  Summers  Registered Agent  Date  To Address (P.O. Box Number is Not Acceptable)  2900 COVE CAY DR  Summers  Summers  Registered Agent  Date  To Address (P.O. Box Number is Not Acceptable)  Summers  Registered Agent  Registered Agent  Date  To Address (P.O. Box Number is Not Acceptable)  Summers  Registered Agent  Registered Agent  Date  To Address (P.O. Box Number is Not Acceptable)  Summers  Registered Agent  Registered Agent  Date  To Address (P.O. Box Number is Not Acceptable)  Summers  Registered Agent  Registered Agent  Date  To Address (P.O. Box Number is Not Acceptable)  Summers  Registered Agent  Registered Agent  Date  To Address (P.O. Box Number is Not Acceptable)  Summers  Registered Agent  Date  To Address (P.O. Box Number is Not Acceptable)  Date  To Address (P.O. Box Number is Not Acceptable)  Registered Agent  Registered Agent  Date  To Address (P.O. Box Number is Not Acceptable)  Summers  Registered Agent  Date  To Address (P.O. Box Number is Not Acceptable)  Summers  Registered Agent  Date  To Address (P.O. Box Number is Number and Num				•					
2. Principal Office Address 2900 COVE CAY DRIVE 2900 COVE CAY DRIVE 2900 COVE CAY DRIVE 2900 COVE CAY DRIVE 3016, Ag. 8, set. 2900 COVE CAY DRIVE 3016, Ag. 8, set. 2017 E 5-D 307 Suller CLEARWATER, FL COuntry 33760 PINELLAS 3760 PINELLAS 3760 PINELLAS  To Remained Address of Current Registered Agent  Name HOLDEN, WILLIAM Street Address Of D. Box Number is Not Acceptable) 2900 COVE CAY DR  Sulfe, Agl. 8, Etc. SUITE 5-D  City CLEARWATER  Sulfix Sulfi						SECRETATA OF STATE TALLAHASSEL FLORIDA			
2. Principal Office Address 2900 COVE CAY DRIVE 2900 COVE CAY DRIVE 2900 COVE CAY DRIVE 3011x 64.5 side. Sult, Act. 8 sic. Sult 5-D Sult, Act. 8 sic. SulTE 5-D SulTE	<b>.</b>			ł					
2. Principal Office Address 2900 COVE CAY DRIVE 2900 COVE CAY DRIVE 2900 COVE CAY DRIVE 3011x 64.5 side. Sult, Act. 8 sic. Sult 5-D Sult, Act. 8 sic. SulTE 5-D SulTE	B&C RECRUITERS INC								
2900 COVE CAY DRIVE  Suite, Apt. 8, etc.  SUITE 5-D  SUITE 5-D  City & State  CLEARWATER, FL  CLEARWATER, FL  COuntry  AD The Month of the support of the subcomment of the su									
SUITE 5-D  SUITE 5-D  SUITE 5-D  City & State  CLEARWATER, FL  Zp  33760  Country  33760  PINELLAS  Country  Suite Address (P.O. Boox Number is Not Acceptable)  2900 COVE CAY DR  Country  Suite Address (P.O. Boox Number is Not Acceptable)  PINELAS  Supression of Suite Address (P.O. Boox Number is Not Acceptable)  PINELAS  Suite Zip Code  Suite Zip Code  FL 33760  Suite Address (P.O. Boox Number is Not Acceptable)  PINELAS  PINELAS  Supression of the evidence of the evid									
City & State  CLEARWATER, FL  CLEARWATER, FL  CLEARWATER, FL  CLEARWATER, FL  CLEARWATER, FL  To Country  33760  Country  PINELLAS  To Country  33760  Country  PINELLAS  To Country  Against First Number  59-323215  CERTIFICATE OF STATUS DESIRED  To CHITCHIAN OF STATUS  COUNTRY  Subject Address (P.O. Box Number is Not Acceptable)  2900 COVE CAY DR  Subject Address (P.O. Box Number is Not Acceptable)  2900 COVE CAY DR  Subject Address (P.O. Box Number is Not Acceptable)  2900 COVE CAY DR  Subject Address (P.O. Box Number is Not Acceptable)  2900 COVE CAY DR  Subject Address (P.O. Box Number is Not Acceptable)  2900 COVE CAY DR  Subject Address (P.O. Box Number is Not Acceptable)  2900 COVE CAY DR  Subject Address (P.O. Box Number is Not Acceptable)  2900 COVE CAY DR  Registers of Registered Agent of the above named corporation, and familiar with and accept the obligations of section 607.6505 or 017.6503, F.S.  Signature of Registered Address of Each Officer and/or Director (Pichida nonprofit corporations must list all least 3 directors)  Name of Officers and/or Director Director (Pichida nonprofit corporations must list all least 3 directors)  Name of Officers and/or Directors  Officers and/or Director City / State / Zip  VSD WILLIAM HOLDEN  2900 COVE CAY DRIVE SUITE 5-D CLEARWATER, FL 33760  10. Lordly that are an officer or the resolute or the new definition of the requirement againstance or 110 or 15 fb. State if the control of the cont	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Apt. #, etc.					
CLEARWATER, FL  Zp  33760  Country  33760  Country  CERTIFICATE OF STATUS DESIRED  T. Name and Address of Current Registered Agent  Name HOLDEN, WILLIAM  Street Address (P.O. Box Number is Not Acceptable)  2900 COVE CAY DR  Suite, Apt. #, Etc.  SUITE 5-D  City  CLEARWATER  Suite  CLEARWATER  Suite  Since Address of Current Registered Agent  Suite, Apt. #, Etc.  SUITE 5-D  City  CLEARWATER  Suite  Suite  Size  Agelled For  Not Applied For  Not A	SUITE	€ 5-D	SUITE 5-D	SUITE 5-D			fied MARCH	8 1994	
The Country 37 Country	City & State		City & State				WARCH 2	10, 1994	
2p 33760   Country 33760   Country 33760   Country 33760   PINELLAS   Sertificate of status desired   Sertification of Status    7. Name and Address of Current Registered Agent    Name HOLDEN, WILLIAM    Street Address (P.O. Box Number is Not Acceptable)   2900 COVE CAY DR   SUITO 1 33 25 1 85    Suite, Apt. 6, Etc.   SUITE 5-D    City CLEARWATER   State   Zip Code    FL 33760    Signature of   Registered Agent   William   Street Address of Each Officer and/or Director (Forda nonprofit corporation must list at least 3 directors)    Titles   Officers and/or Directors   State   City / State / Zip    VSD   WILLIAM HOLDEN   2900 COVE CAY DRIVE SUITE 5-D   CLEARWATER, FL 33760    10. Lordly 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, FS. I further cardily that when filling this renstationment application, the reason for disector or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, FS. I further cardily that when filling this renstationment application, the reason for disectution has been adminished, the corporation have an exemption under section 119.07(30), FS. I have a controlly that when filling this renstationment application, the reason for disectution has been adminished on this fame are exemption under section 119.07(30), FS. I have the filling this renstationment application, the reason for disectution has been adminished on this fame are exemption under section 119.07(30), FS. I have the filling this renstationment application, the reason for disectution has been adminished on this fame are exemption under section 119.07(30), FS. The information for filestod on this fame are exemption under section 119.07(30), FS. The information for filestod and the fame are exemption under section 119.07(30), FS. The information filestod on this fame.  10. Lordly that I am an office or director or the receiver or trustee empowered to execute this application as provided for in cha	CLEARWATER, FL		CLEARWATER, FL				<u> </u>		
Name   HOLDEN, WILLIAM   Street Address (P.O. Box Number is Not Acceptable)   2900 COVE CAY DR   Sulte, Apt. #, Etc. SUITE 5-D   Sulte, Apt. #, Etc. SUITE 5-D   Sulte, Apt. #, Etc. SUITE 5-D   City CLEARWATER   Sulte   Zip Code   Signature of   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   Walk   Walk   Apt. #, Etc.   Suite   Address of Each Officer and/or Directors   Street Address of Each   City / State / Zip Code   Street Address of Each   City / State / Zip Code   Street Address of Each   City / State / Zip Code   Street Address of Each   City / State / Zip Code   Street Address of Each   City / State / Zip Code   Street Address of Each   City / State / Zip Code   Street Address of Each   City / State / Zip Code   Street Address of Each   City / State / Zip Code   Street Address of Each   City / State / Zip Code   Street Address of Each   City / State / Zip Code   Street Address of Each   City / State / Zip   Code   Street Address of Each   City / State / Zip   Code   State   Zip Code   City / State / Zip			1 '	1 7	6.	·			
Name HOLDEN, WILLIAM  Street Address (P.O. Box Number is Not Acceptable) 2900 COVE CAY DR  Sulte, Apt. #, Etc.  SUITE 5-D  City CLEARWATER  State Zip Code Registered Agent William Interest 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 William Interest Int	33760	PINELLAS	33760	PINELLAS	CERTIFICATE	OF STATUS DES	for a Cert	ificate of Status	
Street Address (P. O. Box Number is Not Acceptable)  State Address (P. O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  SUITE 5-D  City CLEARWATER  State   Zip Code   FL   33760  8. 1. being appointed the registered egent 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   William   Familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of   Registered Agent   Registered Agent   Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles   Officer and/or Directors   Street Addresses of Each Officer and/or Director   City / State / Zip    VSD   WILLIAM HOLDEN   2900 COVE CAY DRIVE SUITE 5-D   CLEARWATER, FL 33760  PTD   MARY HOLDEN   2900 COVE CAY DRIVE SUITE 5-D   CLEARWATER, FL 33760  10. Learlity 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 filling this reinstatement application, the reason for dissolution has been eministed, the corporation name satisfies the receiver mane	Nama								
Sulte, Apt. #, Etc.  SulTE 5-D  City  CLEARWATER  State  FL  33760  8. 1, being appointed the registered eject 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 MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Name of Officers and/or Directors  VSD  WILLIAM HOLDEN  2900 COVE CAY DRIVE SUITE 5-D  CLEARWATER, FL 33760  10. 1 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 filling this remaintenance in polication, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. his tail 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)(6), F.S. his tail 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)(6), F.S. his tail fees to make an another section 119.07(3)(6), F.S. his tail fees to make an another section 119.07(3)(6), F.S. his tail fees to make any polication is true and accourate, and my signature shall have the same legal effect as if made under ceath.  727 - 534 - 2650  SIGNATURE: W.H.LIAM H.A.D.F. H. M.M.LIAM H.A.D.F. H. M.M.LIA		HOLDEN, WILLIAM							
Sulte, Apt. #, Etc.  City CLEARWATER  8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  City / State / Zip  VSD  WILLIAM HOLDEN  2900 COVE CAY DRIVE SUITE 5-D  CLEARWATER, FL 33760  PTD  MARY HOLDEN  2900 COVE CAY DRIVE SUITE 5-D  CLEARWATER, FL 33760  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 filling his remissionment application, the reason for dissolution has been eliminated, the expression arms estatisfies the requirements of section 607 (XIV), F.S., has all fees owed by the corporation have been paid and the remarks of individuals fished on this form do not qualify for an accorption under section 19 (XIV), F.S. This all of the cover of the reservation of the remarks of individuals fished on this form do not qualify for an accorption under section 19 (XIV), 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 creat.  727 - 534 - 3650  SIGNATURE: W.H.M.M.M. H.A.D.F.M. MARMAN. H.A.B.M.M. M. H.A.B.M. M. A.B.M. M. A.B.M. M. A.B.M. M.		Street Address (P.O. Box Number is Not Acceptable) 2900 COVE CAY DR  BIDD11932518B							
Se. 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		Suite, Apt. #, Etc. SUITE 5-D				<u> </u>	1004 010 4	<u> </u>	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles		City CLEARWATER							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles	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.								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles	Signature of Registered Agent Welliam Idalem Idalem								
Titles Name of Officers and/or Directors Officer and/or Directors Officer and/or Director City / State / Zip  VSD WILLIAM HOLDEN 2900 COVE CAY DRIVE SUITE 5-D CLEARWATER, FL 33760  PTD MARY HOLDEN 2900 COVE CAY DRIVE SUITE 5-D CLEARWATER, FL 33760  10.1 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 filling 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.  727 - 536 - 3650  SIGNATURE: WHURM HADE IN MANUAL HARDE SIGNATURE: CHAPM HADE SIGNATURE: CHAPM	Registered		EGISTERED AGENT MUST	rsign	<del></del>	Date	<u></u>	8	
VSD WILLIAM HOLDEN  2900 COVE CAY DRIVE SUITE 5-D CLEARWATER, FL 33760  PTD MARY HOLDEN  2900 COVE CAY DRIVE SUITE 5-D CLEARWATER, FL 33760  10.1 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 filling 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 cath.  727 - 536 - 3650  SIGNATURE: CUILLIAM HOLDE III MANITURE: WHELLER S - 13-03	9. Names	s and Street Addresses of Each Officer an	d/or Director (Florida nonpro	ofit corporations must list at le	east 3 directors)				
MARY HOLDEN  2900 COVE CAY DRIVE SUITE 5-D  CLEARWATER, FL 33760  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 filling 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.  727 - 536 - 3650  SIGNATURE: WILLIAM HADE IN MARILLAN HARM.	Titles					City / State / Zip			
MARY HOLDEN  2900 COVE CAY DRIVE SUITE 5-D  CLEARWATER, FL 33760  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.  727 - 596 - 3650  SIGNATURE: WILLIAM H. A.D.F. III Marillum H. H. M. L. M. L. M. L. M. L. M. L. M.	VSD	WILLIAM HOLDEN		2900 COVE CAY DRIVE SUITE 5-D		CLEARWATER, FL 33760		0	
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 cath.  727 - 536 - 3650  SIGNATURE: CLIFIN - ADFIN Mellium HARLEN 5 - (2-03)	DT9	MARY HOLDEN	2900 0	2900 COVE CAY DRIVE SUITE 5-D		CLEARWATER, FL 33760		0	
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 cath.  727 - 536 - 3650  SIGNATURE: CLIFFIN - ADFIN Mellium HARLEN 5 - (2-03)									
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 cath.  727 - 536 - 3650  SIGNATURE: CLIFIN - ADFIN Mellium HARLEN 5 - (2-03)	 			<del></del>		<del> </del>	····		
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 cath.  727 - 536 - 3650  SIGNATURE: CLIFIN - ADFIN Mellium HARLEN 5 - (2-03)									
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 cath.  727 - 536 - 3650  SIGNATURE: CLIFIN - ADFIN Mellium HARLEN 5 - (2-03)								ĺ	
SIGNATURE: CLILLIAM HOLDEN Miller Holding 5-12-03	this rei owed b	instatement application, the reason for diss by the corporation have been paid and the	colution has been eliminated names of individuals listed o	l, the corporate name satisfies on this form do not qualify for	the requirements an exemption unde	of section 607.	0401 or 617.0401, F.S. 7(3)(i), F.S. The Inform	that all fees ation indicated	
	SIGNA	TURE: CU/LLIAM /	-/ CL DE /// INTED NAME OF SIGNING OF	MILLUM FICER OR DIRECTOR	Holel	Date	-12-03		

g 5/23

## **B&C RECRUITER, INC.**

2900 Cove Cay Dr. Suite 5-D Clearwater, FI 33760 Phone: 727-536-2650 Fax: 727-536-4471

May 12, 2003

Department of State Division of Corporations PO Box 6327 Tallahassee, Fl 32314

The reason my payment is late is because I did not receive the Universal Business Report.

Manual Comments

Villiam Holden