

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**  FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 MAR 29 PM 4:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000079818**

1. Corporation Name
CAREERNET OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1320 S DIXIE HWY SUITE 821 CORAL GABLES FL 33146	1320 S DIXIE HWY SUITE 821 CORAL GABLES FL 33146



REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc. 761	1320 S Dixie Hwy Suite, Apt. #, etc. 761
City & State	City & State Coral Gables Fl
Zip Country	Zip Country 33146

4. Date Incorporated or Qualified To Do Business in Florida	10/31/1994
5. FEI Number	65-0533898
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	HAMDAN, MARK	13133 SW 95 AVE	MIAMI FL
VP	HERNANDEZ, MONIQUE	17700 SW 83 AVE	MIAMI FL
			*****150.00 *****150.00
			*****750.00 *****750.00

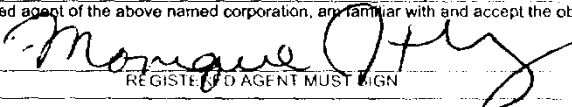
8. Name and Address of Current Registered Agent

~~HAMDAN, MARK~~
~~1320 S DIXIE HWY~~
~~SUITE 821~~
~~CORAL GABLES FL 33146~~

9. Name and Address of New Registered Agent


Name **Monique J. Hernandez**
 Street Address (P.O. Box Number is Not Acceptable) **1320 S Dixie Hwy**
 Suite, Apt. #, Etc. **Suite 761**
 City **Coral Gables** State **FL** Zip Code **33146**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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

1/08/99 305-665-5607

CR2040 (9/98)