

P9500061882

Document Number Only

95 AUG 10 10 20

FILED

FILED
95 AUG 10 10 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

200001557442
-08/10/95--01014--0301
*****70.00 *****70.00

Gale Data, Inc.

☒ Profit Articles

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call if Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ CUS/ G/S

☐ After 4:30

☒ Pick Up

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

3:00

8/10/95

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF
GALE DATA, INC.

FILED
95 AUG 10 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: THE CORPORATE NAME THAT SATISFIES THE REQUIREMENTS OF SECTION 607.0401 IS: GALE DATA, INC.

SECOND: THE ADDRESS OF THE PRINCIPAL OFFICE, AND THE MAILING ADDRESS OF THE CORPORATION IS: 7630 WEST UPPER RIDGE DRIVE, PARKLAND, FLORIDA 33067.

THIRD: THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE IS: TWO HUNDRED (200) SHARES WITHOUT PAR VALUE.

FOURTH: THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THE CORPORATION IS 7630 WEST UPPER RIDGE DRIVE, PARKLAND, FLORIDA 33067 AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS ALAN SAVITCH.

FIFTH: THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION IS ONE (1) AND THE NAME AND ADDRESS OF THE PERSON WHO IS TO SERVE AS DIRECTOR UNTIL THE FIRST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL A SUCCESSOR IS ELECTED AND SHALL QUALIFY IS:


ALAN SAVITCH
7630 WEST UPPER RIDGE DRIVE
PARKLAND, FLORIDA 33067

SIXTH: THE NAME AND ADDRESS OF EACH INCORPORATOR IS:

RICHARD P. BOROVY
1633 BROADWAY
NEW YORK, NY 10019

GLORIA E. MERCADO
1633 BROADWAY
NEW YORK, NY 10019

THE UNDERSIGNED HAVE EXECUTED THESE ARTICLES OF INCORPORATION THIS 4TH DAY OF AUGUST, 1995.


RICHARD P. BOROVY


GLORIA E. MERCADO

ACCEPTANCE BY THE REGISTERED AGENT AS REQUIRED IN SECTION 607.0501
(3) F.S.: ALAN SAVITCH IS FAMILIAR WITH AND ACCEPTS THE OBLIGATIONS
PROVIDED FOR IN SECTION 607.0505.

DATED

8/7/95


ALAN SAVITCH

FILED
95 AUG 10 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P95000061882

OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: C T Corporation System EIN or SS#: _____

Address: 660 East Jefferson Street

Tallahassee, FL 32301

Amount: \$35.00 Date Paid _____

Reason for claim: Document will not be filed.

GALE DATE, INC. (P95000061882)

Certified true and correct this _____ day of _____, 19 _____.

Signature [Signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Attn: J.M. French - Amendments

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim.	Amount of recommended refund \$ <u>35.00</u>
The amount requested above was originally deposited into the State Treasury as a part of the _____	
State Treasurer's Receipt No. <u>01014-026</u> dated <u>12/02/94</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607.0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	(Authorized Signature and Title)
(Agency)	



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 2, 1996

CT CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: GALE DATA, INC.
Ref. Number: P95000061882

*Sent
refund
app. 12/11/96*

We have received your document for GALE DATA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 1996 annual report. The corporation must be reinstated before this document can be filed.

The total amount due to the state is \$375.00.

If an amendment was approved by the shareholders, the date of adoption of the amendment and one of the following statements must be contained in the document:

- (1) A statement that the number of votes cast for the amendment by the shareholders was sufficient for approval.
- (2) If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

If an amendment was adopted by the incorporators or board of directors without shareholder action, a statement to that effect and that shareholder action was not required must be contained in the document.

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

If the amendment was adopted by the shareholders, then the chairman, any vice chairman, president or any other officer must sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(904) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 596A00053974

Document Number Only

P95000061882

C T CORPORATION SYSTEM			
Requestor's Name			
660 East Jefferson Street			
Address			
Tallahassee, Florida 32301			
City	State	Zip	Phone

CORPORATION(S) NAME

Gate Data Inc.
changed name to Online-Jobs, Inc.

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED !

12/2/96

W96000025163