

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 11 PM 1:42

DOCUMENT # P96000070679

1. Corporation Name

NATIONAL MEDICAL Recruiting  
& CONSULTING, INC

2. Principal Office Address

3655 Boca Ciega

Suite, Apt. #, etc.

111

City & State

NAPIES, FL

Zip

34112

Country

USA

3. Mailing Office Address

3655 Boca Ciega

Suite, Apt. #, etc.

# 111

City & State

NAPIES, FL

Zip

34112

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8-26-96

5. FEI Number

59-3405334

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JACKIE S Griffin

800003508958 - 1

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

3655 Boca Ciega Dr

12/21/00 01029 014

\*\*\*623.75 \*\*\*623.75

Suite, Apt. #, Etc.

# 111

City

NAPIES

State

FL

Zip Code

34112

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

Jackie S Griffin

REGISTERED AGENT MUST SIGN

Date 12-7-00

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
COO	JACKIE S Griffin	3655 Boca Ciega #111	Naples FL 34112

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.

SIGNATURE:

Jackie S Griffin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/7/00  
941-417-1848

CR2E01 (9/99)