

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 9:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000079202

1. Corporation Name

IDC EXECUTIVE SEARCH, INC.

Principal Place of Business

405 CENTRAL AVE
STE 102
SAINT PETERSBURG FL 33701
US

Mailing Address

405 CENTRAL AVE
STE 102
SAINT PETERSBURG FL 33701
US

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

2. New Principal Office Address, If Applicable

100 2ND AVE N.

Suite, Apt. #, etc.

SUITE 130

City & State
ST. PETERSBURG, FL

Zip
33701

Country
PINELLAS

3. New Mailing Office Address, If Applicable

100 2ND AVE N.

Suite, Apt. #, etc.

SUITE 130

City & State
ST. PETERSBURG, FL

Zip
33701

Country
PINELLAS



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1996

5. FEI Number

59-3421809

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GRANET, MARK	2032 W VINA DE MAR BLVD	ST PETERSBURG FL 33706

900024338799
10/31/03--01081--021 **750.00

8. Name and Address of Current Registered Agent

GIBBS & RUNYAN, P.A.
100 SECOND AVENUE SOUTH
SUITE 704
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

RICK W. SADORF, ESQ

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

696 1ST AVE N.

Suite, Apt. #, Etc.

SUITE 201

City

ST. PETERSBURG

State

FL

Zip Code

33701

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/03

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/03

Daytime Phone #

CR2E040 (7/03)