

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 DEC -8 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000000048

1. Corporation Name

MANAGEMENT RECRUITERS OF ALTAMONTE, INC.

Principal Place of Business

Mailing Address

SUNTRUST BLDG 498 PALM SPGS DRIVE
STE 100
ALTAMONTE SPRINGS FL 32701
US

EBC CENTER 498 PALM DRIVE
SUITE 100
ALTAMONTE SPRINGS FL 32701
US



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

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3427078

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	CLARK, JOHN E	2170 W STATE RD 434 SUITE 920 498 Palm Springs Dr. Ste 100	LONGWOOD FL 32779- ALTAMONTE Springs, FL, 32701

REINSTATEMENT

99-00

mm

600002524505--1
01/05/00--01021--002
***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLARK, JOHN E
528 SABAL LAKE DRIVE 104
LONGWOOD FL 32779

Name

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

671 Jamestown Blvd. #1053

Suite, Apt. #, Etc.

Apt. # 1053

City

Altamonte Springs

State

Zip Code

FL

32714

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

Edw Clark
REGISTERED AGENT MUST SIGN

Date December 6, 2000

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:

Edw Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 6, 2000

Date

407-260-0039

Daytime Phone #