

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 17 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000052928**

i. Corporation Name
**Creating Professional Recruitment
INC**

Principal Place of Business Mailing Address
**1898 W. Hillsboro Blvd.
Deerfield Beach FL 33442
Suite 2**

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

New Principal Office Address, If Applicable above		3. New Mailing Office Address, If Applicable PO Box 1275		4. Date Incorporated or Qualified To Do Business in Florida 4/199	
Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65 084 4287	
City & State		City & State Deerfield Beach		Applied For Not Applicable	
Country		Zip FL 33443		Country USA	
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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

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
President	Elizabeth J. Hewert	801 Marble Way Boca Raton FL 33432	

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08/02/00-01002-024
****900.00 ****900.00

REINSTATEMENT 99-60TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Elizabeth J. Hewert
801 Marble Way
Boca Raton FL 33432**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

Agent **Elizabeth J. Hewert**
REGISTERED AGENT MUST SIGN

Date **3/12/00**

i. This corporation owes the current year Intangible/Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

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: **Elizabeth J. Hewert**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/12/00** 984
Daytime Phone # **429-1424**

CR2E081 (12/98)