PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
'APPLICATIONS AND	FLORIDA DEPARTMENT OF STATE	
Life Manager	Katherine Harris	In ED
REINSTATEMENT	Secretary of State Division of corporations	DE ME CONTRACTION
DOCUMENT # P9800	00089677	99.007.40
1. Corporation Name		99 OCT 19 PM 3: 36
PLAN-B CORPORATE RECRU	HTERS INC	
TENTE COM CHATE REOM	oriend, into.	
Principal Prace of Business	Mailing Address	
- 2900 TRIN AVENUE SOUTH	P.O. BOX PROSE P. D.	
ST. PETERSBURG FL 33761-2700	ST. PETERSBURG FL-SEREL EVEN	I CERTICAL THE CARD TANK CONT. CONT. CONT. DRIVE AND VIOLE TOWN TOWN TOWN
	trough incorrect information and enter correction below.	
2 New Principal Office Address, If Applicable Se	3 New Mailing Office Address, If Applicable	Date Incorporated or Qualified To Do Business in Florida 10/20/1998
Suite, Apt #, etc.	-SI KETERSBURG	5. FEI Number Applied For
STATE ICTURSBURG FL	City & State ORIDA	59-353 8251 Not Applicable
Zip Country	Zip	6. CERTIFICATE OF STATUS DESIRED Tor a Certificate of Status
7 Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corporations must list at le	
Title(s) Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	h
1 2	3	4
D PHIPPS, EL	rical -> 2000 18TH AVENUE SOUTH-	ST. PETERSOURG FL 30791
They	1 -> P O BOX 11022	ST PECE 33733-1
,	, , , , , , , , , , , , , , , , , , , ,	1022
		3000030588889-3
		-12/02/09 01052 018 ****150.00 *****150.00
		1h /
		1/10/25
8. Name and Address of Currer	t Pagistared Agent	9. Name and Address of New Registered Agent
o. Name and Audress of Currer	Name	P. L. O. C.
PHIPPS, E L	Street Address (BO. Box Number is Not Aspendable) 3 10 1 1 1 1 1 1 1 1 1 1 1
ST DETERORING EL 42731.2788.		
ST KETEKSBURG		
City FLORIDA State FL Zip Code		
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.		
Superstone of Registers Page 10-13-99		
REGISTERED AGENT MUST SIGN		
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 filling		
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.		
CAR.		
SIGNATURE: CAPMIPS - E.L. PHIPPS 10-13-99 (227) 821.8005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date		

PLAN-B CORPORATE RECRUITERS, INC NATIONAL EXECUTIVE SEARCH BOUTIQUE

13 September, 1999

DIVISION OF CORPORATIONS ANNUAL REPORT/RE-INSTATEMENT SECTION P O BOX 6327 TALLAHASSEE FL 32314-6327

Enclosed please find check #109 in the amount of ONE HUNDRED FIFTY (\$150.00) DOLLARS for PLAN-B CORPORATE RECRUITERS, Inc. annual report filing fee for 1999

I did not receive the renewal notices which I understand were returned to you. Please note new address and new mailing address which I have been using to communicate with the Internal Revenue Service all this year (1999).

210 Fifth Avenue South P O Box 11022 St Petersburg FL 33733-1022

Thank you for your consideration