

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -1 PM 6:23

DOCUMENT # **P99000032473**

1. Corporation Name

HRJOBNET.COM, INC.

Principal Place of Business

Mailing Address

10404 N.W. 7TH ST.
PLANTATION FL 33324

10404 N.W. 7TH ST.
PLANTATION FL 33324



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

04/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0907513

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GROCKOWSKI, JEFFREY P	10404 N.W. 7TH ST.	PLANTATION FL 33324

000003471840-3

11/21/00 01022-009
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GROCKOWSKI, JEFFREY P
10404 N.W. 7TH ST.
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

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.

Signature of
Registered Agent

Date

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8083

CR2E040 (8/00)



10404 NW 7th Street
Plantation, Florida 33324

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Job Net

October 12, 2000

Department of State

To Whom It May Concern:

I am writing to state that I never received the paperwork for the annual report. I was very surprised when I received this reinstatement letter. It is my first year in business and I did not realize that this was required. Again, I did not receive the paperwork or it would have been done timely. Please find enclosed check for \$150.00 for this year.

Thank you,

A handwritten signature in black ink, appearing to be 'Jeff Grockowski'.

Jeff Grockowski, President
HRJobNet.com, Inc.
