

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 AM 11:09

DOCUMENT # P99000062025

1. Corporation Name

ANDERSON EXECUTIVE SEARCH, INC.

Principal Place of Business

Mailing Address

1220 EGLINGTON AVE E. SUITE 306
TORONTO, ONTARIO M3C 1H9

1220 EGLINGTON AVE E. SUITE 306
TORONTO, ONTARIO M3C 1H9



REINSTATEMENT

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

07/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3632416

Not Applicable

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	TALASKA, PHILIP	501 E KENNEDY BLVD, SUITE 1700	TAMPA FL 33602
D	DUNCOMBE, BYRON	1220 EGLINGTON AVE E, SUITE 306	TORONTO, ONTARIO M3C 1H9
		1200 EGLINTON	500003510725-4
			12/21/00 01074 000
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBSON, RICHARD A
501 E KENNEDY BLVD, SUITE 1700
TAMPA FL 33602

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

SIGNATURE REQUIRED
RICHARD A. JACOBSON

Date

12/7/00

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 SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #