

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000062025

1. Corporation Name

ANDERSON EXECUTIVE SEARCH, INC.

Principal Place of Business

~~1200~~ EGLINTON AVE E. SUITE 306
TORONTO, ONTARIO CA M3C1H9

Mailing Address

~~1200~~ EGLINTON AVE E. SUITE 306
TORONTO, ONTARIO CA M3C1H9

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

2. New Principal Office Address, If Applicable

1200 Eglinton Ave E
Suite, Apt. #, etc.
306

3. New Mailing Office Address, If Applicable

1200 Eglinton Ave E
Suite, Apt. #, etc.
306

City & State

Toronto Ontario

City & State

Toronto Ontario

Zip

Country

M3C1H9

Zip

Country

M3C-1H9

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1999

5. FEI Number

59-3632416

Applied For

Not Applicable

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	TALASKA, PHILIP	1200 EGLINGTON AVENUE E STE 306 1200	TORONTO, ONTARIO CA M3
D	DUNCOMBE, BYRON	1200 EGLINGTON AVENUE E STEW 306 1200	TORONTO, ONTARIO CA M3

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct 2002

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

Oct 2002 416 444 3837
x281

CR2E040 (8/02)

Oct 29.02

To Whom It May Concern;

Please find enclosed
a completed Reinstatement
application form as well as
a cheque for \$ 150.00.

Please be so kind as to
waive the late fees as
we did not receive this
documentation or any
notification until Oct 28.02.

Sincerely
Michaela