

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 16 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000066530

1. Corporation Name

TMP Worldwide Inc.

2. Principal Office Address
622 Third Avenue

3. Mailing Office Address
622 Third Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New York, New York ~~10017~~

City & State
New York, New York ~~10017~~

Zip
10017

Country

Zip
10017

Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
13-3906555

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name UNITED CORPORATE SERVICES ~~500003463455-5~~
Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BOULEVARD ~~-11/14/00--01095--007~~
Suite, Apt. #, Etc. SUITE 508 ~~****750.00 ****750.00~~
City MIAMI State FL Zip Code 33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Michael A. Barr Michael A. Barr, Pres. Date 11/6/00
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO, Dir.	Andrew J. McKelvey	c/o TMP Worldwide Inc. 622 THIRD AVE, 39 FL	New York, New York 10017
COO, EVP	James J. Treacy	622 THIRD AVE, 39 FL c/o TMP Worldwide Inc.	New York, New York 10017
Exe. V.P.	George R. Eisele	622 THIRD AVE, 39 FL c/o TMP Worldwide Inc.	New York, New York 10017
V.P.	Myron Olesnyckyj	c/o TMP Worldwide Inc.	New York, New York 10017

10. 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: Myron Olesnyckyj Myron Olesnyckyj 11/3/00 212 351 7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)