

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000005517 1. Entity Name RECOVERY CIRCLES FOUNDATION, INC.						FILED 07 MAY 11 PM 12:30 FLORIDA STATE ALACHUA COUNTY, FLORIDA	
Principal Place of Business 26210 WOODLYNN DRIVE BONITA SPRINGS, FL 34134				Mailing Address 26210 WOODLYNN DRIVE BONITA SPRINGS, FL 34134			
2. Principal Place of Business - No P.O. Box # 4931 Bonita Bay Blvd.		3. Mailing Address 4931 Bonita Bay Blvd.		 REINSTATEMENT 06-07 DE 099 (1/07) Applied For <input checked="" type="checkbox"/> Not Applicable			
Suite, Apt. #, etc. #2603		Suite, Apt. #, etc. #2603					
City & State Bonita Springs, Florida		City & State Bonita Springs, Florida					
Zip 34134		Zip 34134					
Country USA		Country USA		4. FEI Number 32-0022237			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FORD, WILLIAM SEAN 31420 AMARANTH ROAD WICKENBURG, AZ 85390			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FORD, WILLIAM SEAN 7 HASTINGS ROAD WESTON, MA 02493		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FORD, DEBORAH 31420 AMARANTH ROAD WICKENBURG, AZ 85390			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FORD, DEBORAH 7 HASTINGS ROAD WESTON, MA 02493		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DE LORDO, ELLEN 811 MAPLE DOWNERS GROVE, IL 60515			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FORD, KATHLEEN G. 4931 BONITA BAY BLVD., #2603 BONITA SPRINGS, FL 34134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HOTTINGER, PAUL 4828 HIGHLAND AVENUE DOWNERS GROVE, IL 60515			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID J. Boyce <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR 25 FIRST ST CAMBRIDGE MA 02141		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M 5/18 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100103288381 05/25/07--01024--017 **131.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Kathleen G. Ford</i>				Kathleen G. Ford		5/3/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Director		Date	
Daytime Phone #				630-730-1460			