

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

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

FILED

02 JUN 12 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P97000075383

1. Corporation Name

RECOVERY SPECIALISTS OF JAX, INC.

2. Principal Office Address

4131 Sunbeam Road

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, FL

Zip

32257

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/97

5. FEI Number

59-3470919

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

SIMON D. ROTHSTEIN

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

4417 BEACH BOULEVARD

Suite, Apt. #, Etc.

SUITE 104

City

JACKSONVILLE

State
FL

Zip Code
32207

1050.00 - Adm

61.25 - AR

88.75 - AR surp

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

Simon D. Rothstein
REGISTERED AGENT MUST SIGN

Date June 6, 2002

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
D, P, S & T	Martin Gottlieb	4131 Sunbeam Road Suite 100	Jacksonville, FL 32257

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***1200.00 ***1200.00

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:

Martin Gottlieb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 6, 2002 904-346-3088

Date

Daytime Phone #

CR2E081 (9/01)