


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 529067	
1. Entity Name PROFESSIONAL RECOVERY, INC.	

FILED

2007 JAN -2 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12272006 REIN-P CR2E098 (11/05)

Principal Place of Business 7100 PINES BLVD #23 PEMBROOK, FL 33024 US		Mailing Address P O BOX 7295 HOLLYWOOD, FL 33081 US	
2. Principal Place of Business 20535 NW 2 AVE	3. Mailing Address SAME		
Suite, Apt. #, etc. 203	Suite, Apt. #, etc.		
City & State N. Miami, FL	City & State		
Zip 33169	Country USA	Zip	Country

4. FEI Number 59-1840759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BORNSTEIN, STEVEN L 9900 STIRLING RD, SUITE 233 COOPER CITY, FL 33024		7. Name and Address of New Registered Agent Name RONALD L. FRID Street Address (P.O. Box Number is Not Acceptable) 20535 NW 2 AVE. ST 203 City N. Miami FL Zip Code 33169	
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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 *Ronald L. Frid* **RONALD L. FRID** DATE **12/29/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete GRATENSTEIN, GERALD P.O. BOX 7295 HOLLYWOOD, FL 33081	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200082912602 01/02/07--01055--018 **150.00
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete B. 1/4/07	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 607, 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: *R. Gratenstein* **R. GRATENSTEIN** DATE **12/29/2006** 305-370-0462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR