

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F02000006348

Entity Name: NCS RECOVERY CORP.

**FILED**  
**Apr 30, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

5975 CATTLEMEN LANE  
SARASOTA, FL 34232

**New Principal Place of Business:**

890 MACAW CIRCLE  
VENICE, FL 34285

**Current Mailing Address:**

POST OFFICE BOX 50276  
SARASOTA, FL 342320302

**New Mailing Address:**

POST OFFICE BOX 50276  
SARASOTA, FL 342320302 US

FEI Number: 22-3189546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HODGES, AVRUTIS & FOELLER, PA  
HODGES, AVRUTIS & FOELLER, P.A.  
889 N. WASHINGTON BOULEVARD  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: THOMAS AVRUTIS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: EBOLI, XAVIER  
Address: PO BOX 50276  
City-St-Zip: SARASOTA, FL 34232

Title: PD  
Name: EBOLI, PHILIP J  
Address: PO BOX 50276  
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: XAVIER EBOLI

CD

04/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date