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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -2 AM 9:07

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000000563

1. Corporation Name

AM Recht & Associates, Inc.

2. Principal Office Address

1225 Franklin Ave.

Suite, Apt. #, etc.

Suite 325

City & State

Garden City, NY

Zip

11530

Country

USA

3. Mailing Office Address

1225 Franklin Ave.

Suite, Apt. #, etc.

Suite 325

City & State

Garden City, NY

Zip

11530

Country

USA

REINSTATEMENT

06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

January 21, 2005

5. FEI Number

20-0377945

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

Shari Geller

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

2385 Executive Center Drive Suite 100

Suite, Apt. #, Etc.

Suite 100

City

Boca Raton

State
FL

Zip Code

33431

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

Shari Geller

Date

9/27/06

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
President	Anne Markowitz Recht	1225 Franklin Ave Suite 325	Garden City NY 11530

400080314744
09/29/06--01072--001 **158.75

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 contained in Chapter 119, 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:

ANNE MARKOWITZ RECHT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept. 27, 2006

Daytime Phone #

516
512 8889



GERIATRIC CARE MANAGERS

2 of 2

1225 Franklin Avenue, Suite 325
Garden City, New York 11530
(516) 512-8889 *tel*
(516) 692-0759 *fax*
care@amrechtassoc.com email

September 25, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: Document #: F05000000563

Dear Ladies and Gentlemen:

I am requesting waiver of the reinstatement filing fee for my corporation because we did not receive notices of the annual filing fee. I am enclosing the Corporate Reinstatement Application, the filing fee of \$150 plus \$8.75, which is the additional fee required for a Certificate of Status.

Thank you for your attention to this matter.

Sincerely,



Anne Markowitz Recht
President

Encs.