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SEVENTH DISTRICT
TALLAHASSEE, FLORIDA

JOHN A. PANYKO, P.A.
BOARD CERTIFIED TAX ATTORNEY

PHONE (850) 438-7272

FACSIMILE (850) 438-7224

August 15, 2005

Florida Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Community Recovery Services, Inc./Florida
Our File No. C26-05804

Ladies and Gentlemen:

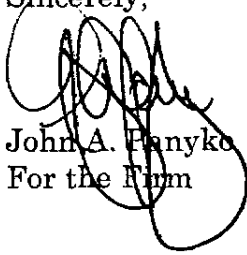
Enclosed please find the original and one copy of Application by Foreign Corporation for Authorization to Transact Business in Florida to be filed on behalf of Community Recovery Services, Inc.

Enclosed please also find check no. 1537 in the amount of \$1,228.75 in payment of the filing fee, certified copy and penalty due for transacting business within the State of Florida for 1 year prior to authorization.

Please return a certified copy of the certificate of authorization to this office at your earliest convenience.

If you should have any questions or comments regarding this matter, please do not hesitate to contact me directly at your convenience.

Sincerely,


John A. Panyko
For the Firm

JAP\cw

Enclosures (3)

pc: Sheila Kovacs

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SECRET
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Community Recovery Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Alabama

(State or country under the law of which it is incorporated)

3. 63-1221046

(FEI number, if applicable)

4. 03-12-1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. September, 2004

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5700 West Fairfield Drive, Pensacola, Florida 32506

(Principal office address)

5700 West Fairfield Drive, Pensacola, Florida 32506

(Current mailing address)

8. Construction, landscaping

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Sheila Kovacs

Office Address: 5700 W. Fairfield Dr.

Pensacola, , Florida 32506

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sheila A. Kovacs

(Registered agent's signature) SHEILA KOVACS

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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TALLAHASSEE, FLORIDA
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A. DIRECTORS

Chairman: Amy Bryan

Address: 356 Sells Road
Atmore, Alabama 36502-5078

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Amy Bryan

Address: 356 Sells Road
Atmore, Alabama 36502-5078

Vice President: _____

Address: _____

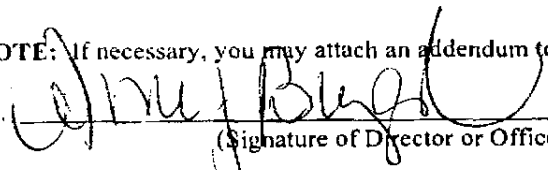
Secretary: Amy Bryan

Address: 356 Sells Road, Atmore, Alabama 36502-5078

Treasurer: Amy Bryan

Address: 356 Sells Road, Atmore, Alabama 36502-5078

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Amy Bryan, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Nancy L. Worley
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Community Recovery Services, Inc. incorporated in Escambia County, Atmore, Alabama on March 12, 1999. I further certify that the records do not disclose that said Community Recovery Services, Inc. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

August 5, 2005

Date

A handwritten signature in cursive script, reading 'Nancy L. Worley', written over a horizontal line.

Nancy L. Worley

Secretary of State