

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 20 PM 2: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000004835

1. Corporation Name

Community Recovery Service, Inc.

2. Principal Office Address - No P.O. Box #

112116 Hwy 97

Suite, Apt. #, etc.

3. Mailing Office Address

112116 Hwy 97

Suite, Apt. #, etc.

City & State

WALNUT HILL, FL

City & State

WALNUT HILL, FL

Zip

32568

Country

USA

Zip

32568

Country

USA

100120818981

03/20/08--01024--017 **1050.00

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

3-12-99

5. FEI Number

63-1221046

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

Sergio Cerchiarì

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

112116 Hwy 97

Suite, Apt. #, Etc.

City

WALNUT HILL

State

FL

Zip Code

32568

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Sergio Cerchiarì

REGISTERED AGENT MUST SIGN

Date

3/7/08

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
P	Amy Bryan	356 Sells Rd	Atmore, AL 36502
VP	Gloria Kratka	275 Sells Rd	Atmore, AL 36502
S	Gerald Kratka	275 Sells Rd	Atmore, AL 36502

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:

Gerald Kratka Gerald Kratka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/08

Daytime Phone #

(251) 446-7149