

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F07000004315

1. Entity Name  
RESCENTER, INC.



FILED

08 NOV 10 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
29229 CANWOOD STREET  
SUITE 100  
AGOURA HILLS, CA 91301

Mailing Address  
29229 CANWOOD STREET  
SUITE 100  
AGOURA HILLS, CA 91301

2. Principal Place of Business - No P.O. Box #  
29219 CANWOOD STREET  
Suite, Apt. #, etc.  
SUITE 115  
City & State  
AGOURA HILLS, CA  
Zip  
91301  
Country  
US

3. Mailing Address  
29219 CANWOOD STREET  
Suite, Apt. #, etc.  
SUITE 115  
City & State  
AGOURA HILLS, CA  
Zip  
91301  
Country  
US



10272008 REIN-P CR2E098 (1/07)

4. FEI Number  
95-3888677  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYAART, MABELLE  
326 WESTMINSTER ROAD  
WEST PALM BEACH, FL 33405

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 Mabelle Meyart DATE 11-2-08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00  
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MARXEN, RICHARD J  
425 WYNDHAM CREST  
FORT WORTH, TX 76114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
107 MONTERRA CIRCLE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
800137783218  
11/10/08--01031--022 \*\*750.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: RICHARD J. MARXEN DATE 11/4/08 DAYTIME PHONE # 817-377-0815  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/08