

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 14 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006385

1. Corporation Name

RECON MANAGEMENT SERVICES, INC

REINSTATEMENT

300137949923

11/14/08--01051--026 **1050.00
CF2E081 (10/08)

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

929 EDMERE CT.

3. Mailing Office Address

929 EDMERE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EVANSTON, IL

City & State

EVANSTON, IL

Zip

60202

Country

USA

Zip

60202

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1998

5. FEI Number

36-4258712

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Addtl. and Fee reqd. for
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PHILIP HOPKINS

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

2929 EAST COMMERCIAL BOULEVARD

Suite, Apt. #, Etc.

SUITE 100

City

FORT LAUDERDALE

State

FL

Zip Code

33308

☐ 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

Philip Hopkins

REGISTERED AGENT MUST SIGN

Date 11/12/2008

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	MICHAEL ARRINGTON	929 EDMERE CT	EVANSTON, IL 60202
S	JENNIFER BREEN	5641 KENMORE AVE, UNIT 25	CHICAGO, IL 60660
D	MICHAEL ARRINGTON	929 EDMERE CT	EVANSTON, IL 60202

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:

Philip Hopkins PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/2008

Date

312-726-1800

Daytime Phone #