

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 30 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000001742**

1. Corporation Name

RECOVERY ADJUSTMENT BUREAU, INC.

Principal Place of Business

4055 TAMiami TRAIL
UNIT 9
PORT CHARLOTTE FL 33952

Mailing Address

27300 GUAPORE DRIVE
PUNTA GORDA FL 33983



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2113434

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BROTHERS, MARK P	27300 GUAPORE DRIVE	PUNTA GORDA FL
V	BROTHERS, DEBORAH	27300 GUAPORE DRIVE	PUNTA GORDA FL

8000003479118--8

11/28/00 01104-007

****750.00 ****750.00

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

Brothers
BOTHERS, DEBBIE A.
27300 GUAPORE DRIVE
PUNTA GORDA FL 33983

9. Name and Address of New Registered Agent

Name **Brothers, Debbie A.**
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Debbie A. Brothers

REGISTERED AGENT MUST SIGN

Date

10/26/00

11. 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 under section 119.07(3)(i), 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:

Deborah A. Brothers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah A. Brothers

Date

10/26/00

Daytime Phone #

9416244205