

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G74864**

1. Corporation Name

RECOVERY STORE INCORPORATED

Principal Place of Business

Mailing Address

3300 UNIVERSITY DR
#225
CORAL SPRINGS FL 33065
US

P.O. BOX 9735
CORAL SPRINGS FL 33075
US

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

~~3300 UNIVERSITY DR~~
Suite, Apt. #, etc.

~~610 Karen Sugerman~~
Suite, Apt. #, etc.
801 NE 167 St, 2nd Floor

City & State

City & State
NMB, Florida

Zip

Country

Zip

Country

33162 USA

4. Date Incorporated or Qualified To Do Business in Florida

11/04/1983

5. FEI Number

59-2335523

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FARBER, LAWRENCE	3300 UNIVERSITY DRIVE SUITE #225	CORAL SPRINGS FL 33065
RA	SUGERMAN, KAREN	801 NE 167TH ST 2ND FL	N.MIAMI BEACH FL 33162

600024014576
10/22/03--01055--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUGERMAN, KAREN
801 NE 167TH ST, 2ND FLOOR
N. MIAMI BEACH FL 33162

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Karen Sugerman
REGISTERED AGENT MUST SIGN

Date 10/20/03

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:

Karen Sugerman *Lawrence Farber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
10/20/03 305/455-2640
Daytime Phone #

CR2E040 (7/03)

KAREN SUGERMAN, ESQUIRE

Attorney at Law
801 N.E. 167th Street, 2nd Floor
North Miami Beach, Florida 33162

Telephone:
(305) 455-2040

Facsimile:
(305) 455-2276

October 20, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee Florida 32341

Re: Recovery Store Incorporated

To Whom It May Concern:

Please be advised, that the Recovery Store Incorporated's sole shareholder, officer, director, Lawrence Farber, has passed away. The undersigned is the personal representative of Mr. Farber's estate and registered agent of the corporation.

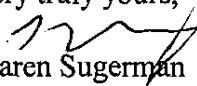
The notice of administrative dissolution or revocation is the first notice that the estate has received. I did not receive the prior UBR notices made reference to in same.

Consequently, I enclose herewith trust account check number 3629 in the amount of \$150.00 together with the application for reinstatement in accordance with your directions.

If anything further is needed please contact me at the address indicated above.

Thank you for your attention to this matter.

Very truly yours,


Karen Sugerman

As personal representative of the estate of
Lawrence Farber

encl.