


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 09-2000		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 DEC 27 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K18084

1. Corporation Name

Recips, Inc.

2. Principal Office Address

102 Woodmont Blvd

Suite, Apt. #, etc.

Suite 450

City & State

Nashville TN

Zip

37205

Country

USA

3. Mailing Office Address

102 Woodmont Blvd

Suite, Apt. #, etc.

Suite 450

City & State

Nashville TN

Zip

37205

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/1989

5. FEI Number

59-2879892

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

CT Corporation System

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

1200 S. Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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

Mary R. Adams

MARY R. ADAMS

ASSISTANT SECRETARY

Date

2-11-00

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
D	James Spicer	16104 Gulf Blvd	Bedington Beach, FL 33708
D	Steven Geringer	5915 E. Via Del Cielo	Paradise Valley, AZ 85253
P	James Doramus	102 Woodmont Blvd Suite 450	Nashville, TN 37205
D	Gregory McCullough	7675 Younger Creek Rd	Primm Springs, TN 38476
D	Byron Trauger	222 4th Ave N.	Nashville, TN 37219

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2000

Date

615-386-6755

Daytime Phone #