

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 DEC 22 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M15693

1. Corporation Name

RECALL INTERNATIONAL, INC.

Principal Place of Business

P O BOX 1029  
JUPITER FL 33468

Mailing Address

P O BOX 1029  
JUPITER FL 33468

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

2. New Principal Office Address, If Applicable

P.O. Box 30908  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 30908  
Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip 33420

Country USA

City & State

Palm Beach Gardens FL

Zip 33420

Country USA

REINSTATEMENT 0158

4. Date Incorporated or Qualified  
To Do Business in Florida

05/22/1985

5. FEI Number

59-2536854

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	KINNEE, DOUGLAS B.	13814 SAND RIDGE ROAD 7685 140th AVE N.	PALM BEACH GARDENS FL
VP	KINNEE, SUZANNE R.	13814 SAND RIDGE ROAD 7685 140th AVE N.	PALM BEACH GARDENS FL
			400002725364--6 -12/29/98--01080--025 ***950.00 ***950.00

8. Name and Address of Current Registered Agent

KINNEE, DOUGLAS B.

13814 SAND RIDGE ROAD

PALM BEACH GARDENS FL 33418

7685 140 AVE N  
Palm Beach Gardens  
FL 33412

9. Name and Address of New Registered Agent

Name

Suzanne R Kinnee

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

7685 140th AVE N.

Suite, Apt. #, Etc.

Palm Beach Gardens

City

State

FL

Zip Code

33412

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

Suzanne R Kinnee

REGISTERED AGENT MUST SIGN

Date

12/21/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

Suzanne R Kinnee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/21/98  
10/26/97 (56) 625-1020

CR2E040 (8/97)