

PLEASE READ ALL INSTRUCTIONS BEFORE CO

FILED
Apr 08, 2005 8:00 am
Secretary of State

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N02000000504

1. Corporation Name

RecoverAll, Inc.

2. Principal Office Address

524 MLK Street South
 Suite, Apt. #, etc.

3. Mailing Office Address

524 MLK Street South
 Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33701

Country

Pinellas

Zip

33701

Country

Pinellas

REINSTATEMENT 04-05

M.R.D.

4. Date Incorporated or Qualified
 To Do Business in Florida

5. FEI Number

134286327

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

Cynthia Bell

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

16689 23rd Circle N

300051195213

04/19/05--01021--009 **122 50

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33702

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

Cynthia Bell

Date 4/5/05

REGISTERED AGENT MUST SIGN

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	L.S. Bell	16689 23rd Circle N	St. Petersburg, FL 33702
D	Cynthia Bell	16689 23rd Circle N	St. Petersburg, FL 33702
D	Jim Tucker	3504 1/2 St S. Unit 2	St. Petersburg, FL 33701

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:

Cynthia Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05

Date

727-823-4691

Daytime Phone #

CR2E081 (01/05)