2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2009
Secretary of State

DOCUMENT# N02000009962

Entity Name: METRO ORLANDO RECOVERY RESIDENCES, INC.

Current Principal Place of Business:

600 NORTH HWY 17-92
SUITE 122
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

671 SEMINOLA BLVD
CASSELBERRY, FL 32707

New Mailing Address:

999 DOUGLAS AVE.
SUITE 3333
ALTAMONTE SPRINGS, FL 32714

FEI Number: 55-0814143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KRAMER, MICHAEL A
600 NORTH HWY-17-92
SUITE 122
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

KRAMER, STEVEN D
600 NORTH HWY 17-92
LONGWOOD, FL 32750 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: /STEVEN D. KRAMER/ 10/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: KRAMER, MICHAEL A
Address: 600 NORTH HWY 17-92
City-St-Zip: LONGWOOD, FL 32750

Title: SD ( ) Delete
Name: DOLAN, ROBERT
Address: 600 NORTH HWY 17-92
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete
Name: KRANER, STEVEN
Address: 600 NORTH HWY 17-92
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /STEVEN D. KRAMER/ D 10/15/2009
Electronic Signature of Signing Officer or Director Date