

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000000605

FILED
Jan 30, 2009
Secretary of State

Entity Name: RECOVER ALL MINISTRIES, INC.

Current Principal Place of Business:

5349 NOB HILL RD
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

5349 NOB HILL RD
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-8222732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HUMES, CALANA L
8201 NW 100TH DR
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

WEST, ALONZO
106 LAKE EMERALD DRIVE
APT 210
OAKLAND PARK, FL 33309 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: ALONZO WEST

01/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: FLANAGAN, FAYE
Address: 2503 NOB HILL RD #304
City-St-Zip: SUNRISE, FL 33322

Title: S () Delete
Name: HUMES, CALANA L
Address: 8201 NW 100TH DR
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: WEST, ALONZO
Address: 7613 NW 72ND AVE
City-St-Zip: TAMARAC, FL 33321

Title: BM (X) Delete
Name: HUMES, DEREK
Address: 8201 NW 100TH DRIVE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: SHAW, VERONICA
Address: 301 SW 1ST COURT APT. 1
City-St-Zip: POMPANO BEACH, FL 33060

Title: D (X) Change () Addition
Name: WEST, ALONZO
Address: 106 LAKE EMERALD DRIVE APT 210
City-St-Zip: OAKLAND PARK, FL 33309

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: ALONZO WEST

D

01/30/2009

Electronic Signature of Signing Officer or Director

Date