2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 30, 2009
Secretary of State

DOCUMENT# N08000006535

Entity Name: NATIONAL RECOVERY FOUNDATION, CORP.

Current Principal Place of Business:

2332 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 612528
NORTH MIAMI BEACH, FL 33261

New Mailing Address:

FEI Number: 26-2962445 **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:

GREENHOUSE, DOROTHY
2332 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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: DOROTHY GREENHOUSE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CABIDES, JUAN
Address: 1990 NE 163RD STREET #104
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete
Name: RANIERI, RICHARD
Address: 1990 NE 163RD STREET #104
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete
Name: JELONEK, PETER M
Address: 1008 NE 4TH STREET
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D ( ) Delete
Name: PUENTE, JOHN W
Address: 2332 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL 33020

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:

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: JOHN W PUENTE D 09/30/2009

Electronic Signature of Signing Officer or Director — Date