

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 MAY 12 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15 000006894

1. Corporation Name

Rising to Recovery Foundation, Inc.

2. Principal Office Address - No P.O. Box #

703 Lake Eloise Place Drive

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33884

Country

USA

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

July 14, 2015

5. FEI Number

47-452465

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Christine M. Barwick

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

703 Lake Eloise Place Drive

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33884

800299187218
04/03/17--01023--001 **192.50

800299187218
05/12/17--01004--003 **105.00

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

Christine M. Barwick

REGISTERED AGENT MUST SIGN

Date 4-27-2017

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
P	Christine M. Barwick	703 Lake Eloise Place Drive	Winter Haven, FL 33884

Remit
2016-17

MAY 23 2017

D CONNELL

10 E-mail Address: mrs.c.barwick@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Christine M. Barwick President

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2017

Date

863-528-7993

Daytime Phone #