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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Recovery Management Service Co. Inc.  
N96000004937

2. Principal Office Address

10417 Andasol Ave

Suite, Apt. #, etc.

3. Mailing Office Address

10417 Andasol Ave

Suite, Apt. #, etc.

City & State

Granada Hills, CA

City & State

Granada Hills, CA

Zip

91344

USA

Zip

91344

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/23/1996

5. FEI Number

593401217

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  
Lynn Nelson Kesselman

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

1067 Lyndhurst N

Suite, Apt. #, Etc.

City  
Deerfield Beach

State  
FL

Zip Code  
33442

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

Date

8/28/2007

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
Pr.6s. Chair.	Lynn N. Kesselman	10417 Andasol Ave.	Granada Hills, CA 91344
VP VChair.	Bonnie Miller	10417 Andasol Ave.	Granada Hills, CA 91344
Sec. Treas.	Nadine Norstein	1067 Lyndhurst N	Deerfield Beach, FL 33442

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:

Lynn Nelson Kesselman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

## Recovery Management Service

Federally Chartered 501-c-3

10417 Andasol Ave., Granada Hills CA., 91344

310-877-7721 fax 815-377-0526 Five\_Gates@hotmail.com

To: Jim Smith, Secretary of State, Department of Corporations

Date: August 22, 2002

RE: Reinstatement of our non-profit corporation

Our organization, Recovery Management Service Co. Inc., is chartered with the purpose of helping alcoholics, drug addicts, their families, and the community. We have no employees, but must rely on volunteers to accomplish our mission.

Nadine Norstein serves as our secretary/treasurer, but unfortunately she has been stricken with a serious illness and had been in and out of the hospital several times over the last 18 months. She is now at Hartland of Boca Raton and has been declared disabled by the state of Florida. As a consequence, we didn't receive any of your correspondence, including the uniform business report. We operated at a loss each year.

We thought that Ms. Norstein had been filing our corporate documents timely but recently discovered that she had been unable to and so we have enclosed our request for reinstatement and ask that you waive the usual penalties. A helpful person at your office said you could do this and would do this under appropriate circumstances. I hope you find that ours are since we can not afford to pay a large penalty.

Sincerely,

  
Lynn N. Kesselman  
Chairman, Recovery Management Service Co. Inc.