PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



Secretary of State

DIVISION OF CORPORATIONS



N98000006250 **DOCUMENT #**

1. Corporation Name

RECOVERY OUTREACH, INC.

2. New Principal Office Address, If Applicable

Principal Place of Business

Mailing Address

4763 °C" ORLEANS COURT WEST PALM BEACH FL 33415

CELEANS COURT WEST PALM BEACH FL 33415

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable

,	• •	
Suite, Apt. #, etc.		Suite, Apt. #, e

City & State Country

City & State

Country

01 DEC -3 PM 2:06

SECRETARY OF STATE TALLAHASSEE, FLORIDA



	7	64.7	

05-25-01 Date Incorporated or Qualified
To Do Business in Florida

11/02/1998

5. FEI Number 65-0872344

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Applied For

Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Title(s) Officer and/or Director and/or Directors RIVIERA BCH FL 33404 KNIGHTON, CARL 150 W 25 ST 401 EXECUTIVE CNTR. DR.,C-106 WEST PALM BEACH FL 33401 ritiman, cynthia e LAKE PARK FL 33403 244 FOSTERIA DR. CLARK: ABB RIVIERA BEACH FL 33404 Cooks, Daryl. 1572 MARTIN LUTHER KING BLVD. 401 EXECUTIVE CNTR DR., B-216 WEST PALM BEACH FL 33401 Bell-Norris **RIVIERA BEACH FL 33404** 2304 WEDGEWOOD PLAZA DR.,#109 WILLIAMS, EUGENE. 9. Name and Address of New Registered Agent

8. Name and Address of Current Registered Agent

MAYS, CEDRIC 4763 "C" ORLEANS COURT WEST PALM BEACH FL 33415 Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc. -

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Régistered Agent

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., that all fees owed by the corporation have been paid and the names of individuals fisted 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:

board of Directors Terovery Outreach / St. Matthew's (5. Himster C. W. Mays 1. Pico Lamberte - DP 4763. C Orleans Ct. Breakthrough Kecovery W.P.B. Fla 33415 1925 Hwy. 441 SE Executive Director Okee Fla 34974 (561)833-7911 1.863 467-2300 2. Addie & Greene - D County Commissioner 301 North Olive are 12th Floor WP.B Fla 33401 (561) 355 2207 Bob Bozzone - DS 5400 East ave WP.B. Fla 33407 (361) 844-8400 Ist Robert Harris - DT 561) 688 3000 3228 Hun Club Kood W. PB. Fla 33406



To Whom it may concern: Per my conversation with Michelle on 11-15-01, 9:30 am I was advised to submit this letter stating that I never received a rejection letter from your Office sertaining to this matter. I realize that certain things want complete on the original application, but I was advised by one of your workers that all I needed to do was send a attachment of directors by fax, in which I did and I would be skay. I really apologize for any incorrenance that I may have caused in this matter. Please feel free to contact me at my office at (561) 833-79/1 for any questions. Thanks Minister (. W. May)