

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N98000006250**

1. Corporation Name

**RECOVERY OUTREACH, INC.**

Principal Place of Business

2020-A SPRUCE  
WEST PALM BEACH FL 33407

Mailing Address

2020-A SPRUCE  
WEST PALM BEACH FL 33407

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**505-A 20th St**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**505-A 20th St**  
Suite, Apt. #, etc.

City & State

**WPB, FL**  
Zip **33407** Country **USA**

City & State

**FLA.**  
Zip **33407** Country **USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/02/1998**

5. FEI Number

**65-0872344**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PAMBERTI, RICO	1925 HWY. 441 S.E.	OKEECHOBEE FL 34974
DS	BOZZONE, BOB	5400 EAST AVENUE	WEST PALM BEACH FL 33407
DT	HARRIS, ROBERT	3228 GUN CLUB ROAD	WEST PALM BEACH FL 33406
D	GREENE, ADDIE B	301 NORTH OLIVE AVENUE, 12TH FLO	WEST PALM BEACH FL 33401
ED	MAYS, REV. C.W.	4763-C ORLEANS CT.	WEST PALM BEACH FL 33415
10/06/03 01062 013 \$61.25			

8. Name and Address of Current Registered Agent

MAYS, REV, CEDRIC  
4763 "C" ORLEANS COURT  
WEST PALM BEACH FL 33415

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Rev. C.W. Mays*  
REGISTERED AGENT MUST SIGN

Date

**11-6-03**

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 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:

*Rev. Cedric W. Mays*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11-6-03**

Daytime Phone #

**(561) 255-2585**

CR2E040 (7/03)