PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 3

APPLICATION FOR 2000 UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV 15 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005653

1. Corporation Name

7TH AVENUE RECOVERY, INC.

Principal Place of Business	Mailing Address
25 NORTHWEST 7TH AVENUE FT LAUDERDALE FL 33301	25 NORTHWEST 7TH AVENUE FT LAUDERDALE FL 33301

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/20/1999

5. FEI Number: 31-1693350 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ — $8.75 Additional Fee required for a Certificate of Status

700003[illegible] 12/19/00--01043--017 *****61.25

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
DP	MOORE, MATHIS	6301 FALLS CIRCLE DRIVE	LAUDERHILL FL 33319
~~[illegible]~~ DV	ARRINGTON, GIDEON C	6301 FALLS CIRCLE DRIVE	LAUDERHILL FL 33319
~~DV~~	~~BARNES, MICHAEL~~	~~4730 NORTHWEST 9TH COURT~~	~~PLANTATION FL 33317~~
DS	MOORE, KATHERINE	3333 NE 20 ST #26	FT LAUDERDALE FL 33306
DP	Mathis Moore	3333 NE 20 St #26	Ft LauderDale Fl 33306
DST	McGhee Juanita	705 Riverside DR.	Ft Lauderdale Fl. 33312

8. Name and Address of Current Registered Agent

MOORE, MATHIS
6301 FALLS CIRCLE DRIVE
LAUDERHILL FL 33319

9. Name and Address of New Registered Agent

Name: Mathis Moore
Street Address (P.O. Box Number is Not Acceptable): 3333 NE 20 AVE #Apt 26
Suite, Apt. #, Etc.: #26
City: FT LauderDale State: FL Zip Code: 33306

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 Registered Agent: Mathis Moore   Date
REGISTERED AGENT MUST SIGN

CR2E040 (8/00)

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: Mathis Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Position Change
Added Member

1. Gideon C. Arrington - Vice President

2 Octave Alexander — M — Manager

3053

7th Avenue Recovery, Inc
25 N.W. 7th Avenue
Ft. Lauderdale, Fl 33301
November 10, 2000

To: Katherine Harris
From: Mattis-Moore
Subj: Administrative Dissolution

I am writing this letter in regards to the final notice we recieved last montt. That was the only notice we recieved. This is our first year as a non-profit. Enclosed is and money order and our reinstatement, also added members.

THANK You.

Sincerly Yours,
Mattis Moore