

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000077698

**FILED**  
**Mar 25, 2008**  
**Secretary of State**

**Entity Name:** METRO DADE RECOVERY BUREAU, INC.

**Current Principal Place of Business:**

10499 SW 187TH STREET  
MIAMI, FL 33157

**New Principal Place of Business:**

18630 SW 105 AVE  
MIAMI, FL 33157

**Current Mailing Address:**

P.O.BOX 972177  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 65-1032461      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CLARDY, KERRI  
10470 SW 187 STREET  
MIAMI, FL 33157      US

**Name and Address of New Registered Agent:**

CLARDY, KERRI  
18630 SW 105 AVE  
MIAMI, FL 33157      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KERRI CLARDY

03/25/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD      ( ) Delete  
Name: CLARDY, EDWIN F  
Address: 10499 SW 187 STREET  
City-St-Zip: MIAMI, FL 33157 US

Title: VSTD      ( ) Delete  
Name: CLARDY, KERRI  
Address: 10499 SW 187 STREET  
City-St-Zip: MIAMI, FL 33157 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES      (X) Change ( ) Addition  
Name: CLARDY, EDWIN  
Address: P.O. BOX 972177  
City-St-Zip: MIAMI, FL 33197 US

Title: V      (X) Change ( ) Addition  
Name: CLARDY, KERRI  
Address: P.O. BOX 972177  
City-St-Zip: MIAMI, FL 33197 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN CLARDY

PRES

03/25/2008

Electronic Signature of Signing Officer or Director

Date