





# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000083796</b> 1. Entity Name <b>CLASSIC RECOVERY, INC.</b>						SEC. OF STATE DIVISION OF CORPORATE REGISTRATION  06 OCT 31 AM 9:44  <b>REINSTATEMENT 06</b>	
Principal Place of Business <b>3877 RECKER HIGHWAY SUITE 5 WINTER HAVEN, FL 33880</b>				Mailing Address <b>3877 RECKER HIGHWAY SUITE 5 WINTER HAVEN, FL 33880</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1176</b> Suite, Apt. #, etc.					
City & State  Zip      Country		City & State <b>Auburndale FL 33823</b> Zip      Country <b>33823</b>		4. FEI Number <b>59-3673184</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				10092006    REIN-P    CR2E098 (11/05)			
6. Name and Address of Current Registered Agent  <b>MCCLAIN, JAMES R 3877 RECKER HIGHWAY SUITE 5 WINTER HAVEN, FL 33880</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) <b>10-9-06</b> <small>DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MCCLAIN, JAMES R</b> <b>2206 WELLS RD.</b> <b>AUBURDALE, FL 33823</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900081351639</b> <b>10/31/06--01013--002 **158.75</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>WICKER, SARA J</b> <b>2206 WELLS RD.</b> <b>AUBURDALE, FL 33823</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b>  <b>JAMES R. MCCLAIN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>10-9-06</b> <small>Date</small>		<b>863-293-3626</b> <small>Daytime Phone #</small>	