

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051398

1. Corporation Name

S.L. RECOVERY, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 291273  
DAVIE FL 33329

POST OFFICE BOX 291273  
DAVIE FL 33329

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/23/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3727728

Not Applicable

Zip

Country

Zip

Country

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	LESSARD, SERGE	8005 SW 29 STREET	DAVIE FL 33328
VSD	LESSARD, DEBORAH	8005 SW 29 STREET	DAVIE FL 33328

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHLICHTE, PAUL G  
2134 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020

Name

SERGE LESSARD

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

8005 SW 29 ST

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10 29 02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 29 02

**S.L. RECOVERY, INC.**

**RECOVERY AND  
REPOSSESSIONS**

October 24, 2002

Reinstatement Section  
Division of Corporations  
Florida Department of State

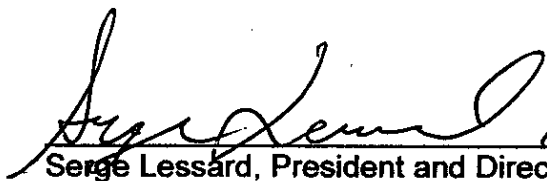
To whom it may concern,

This is to notify your office in writing, as per our telephone conversation today, that we do not wish to dissolve or revoke the corporation **S.L. Recovery, Inc.**

We are asking that the reinstatement fee be waived because the corporation did not receive the two prior uniform business report (UBR) notices. This is the first year that this corporation has been in effect and we were unaware of the requirements for maintaining "active" status.

We are enclosing the completed application for reinstatement and a check of \$150.00 for the fee to file the report.

We appreciate your understanding and swift attention to this matter.

 10/29/02  
Serge Lessard, President and Director

 10/24/02  
Deborah Lessard, Vice President

**P.O. Box 291273  
Davie, Florida 33329  
(954) 448-6278**

**R22000041  
SLRecovery954@aol.com  
Fax: (954) 424 - 3930**