


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -5 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>P01000063837</b>	
1. Entity Name <b>Recovery Corp of Broward Inc.</b> <b>2300 NE 12th AVE</b> <b>POMPAÑO BEACH, FL 33064</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>2300 NE 12th AVE</b> Suite, Apt. #, etc	3. Mailing Address <b>2300 NE 12th AVE</b> Suite, Apt. #, etc
City & State <b>Pompano Beach FL</b>	City & State <b>Pompano Beach FL</b>
Zip <b>33064</b>	Country <b>BROWARD</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>65-1109772</b>	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
	7. Name and Address of Current Registered Agent Name <b>DIANE L. MONTALBANO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2300 NE 12th AVE</b> City <b>Pompano Beach</b> FL Zip Code <b>33064</b>	

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 Signature, typed or printed name of registered agent and the fee (if applicable) (NOTE: Registered Agent signature required when receiving)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

10. OFFICERS AND DIRECTORS		<b>800018940158</b> <b>05/14/03--01051--023 **300.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D/P</b> <b>DIANE MONTALBANO</b> <b>2730 NW 105th Terrace</b> <b>LOVELL SPRINGS, FL 33065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D/SIT</b> <b>HOLLY MATTSON</b> <b>2300 NE 12th AVE</b> <b>POMPAÑO BEACH, FL 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an affidavit, with full power like empowerment.

SIGNATURE 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Holly Mattson</b>	Date	Expiry Date #
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CR2E034B (12/02)

21517

*attachment*

FI Division of Corporation  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FI 32302-1500

RE: Recovery Corp of Broward Inc.

April 22, 2003

Dear Sir or Madam:

I have just found out that my corporation was dissolved in October of 2002 for failure to file an annual report.

This came as a total surprise to me. I was just incorporated in June of 2001 and having never had a corporation before I did not know an annual report needed to be filed. I never received the form I guess because I moved. The new address is 2300 N.E. 12<sup>th</sup> Ave, Pompano Beach FI 33064.

Therefore, I request that you abate the penalty and reinstate the above corporation. I have enclosed a check for \$300.00 for 2002 and 2003's annual fee.

If you need any additional information please contact me immediately.

Thank you for your understanding in this matter.

Sincerely,

  
Holly A. Mattson