

192
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 31 AM 8:00

DOCUMENT #

1. Corporation Name

Central Florida Response and Recovery Inc.

2. Principal Office Address
4624 Lake Trudy Drive

Suite, Apt. #, etc.

City & State
St. Cloud, Florida

Zip
34769

Country
USA

3. Mailing Office Address
4624 Lake Trudy Drive

Suite, Apt. #, etc.

City & State
St. Cloud, Florida

Zip
34769

Country
USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida 03/14/2002

5. FEI Number
45-0472556

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Matthew D. Meyers CEO

Street Address (P.O. Box Number is Not Acceptable)
4624 Lake Trudy Drive

Suite, Apt. #, Etc.

City
St. Cloud

State
FL

Zip Code
34769

000030065660

03/03/04 01023 017 *158.75

000030065660

04/06/04 01032 014 **151.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/1/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Matthew D. Meyers	4624 Lake Trudy Drive	St. Cloud FL, 34769

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/2004

477-908-4943

Date

Daytime Phone #

Matthew Meyers

CEO/President