

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL 28 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000076552**
1. Corporation Name **RE-CREATION INTERNATIONAL INC.**

2. Principal Office Address - No P.O. Box # 12855 SO. BELCHER RD.

Suite, Apt. #, etc. #17	Suite, Apt. #, etc. #17
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City & State LARGO, FL	City & State LARGO, FL
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Zip 33773	Country US	Zip 33773	Country US
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CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida 7/15/2002

5. FEI Number	<input type="checkbox"/> Applied For
020664383	<input type="checkbox"/> 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 **DAVID C. YOFF**

Street Address (P.O. Box Number is Not Acceptable)
12855 SO. BELCHER RD

Suite, Apt. #, Etc **#17**

City **LARGO, FL** State **FL** Zip Code **33773**

100209724501
07/28/11--01034--001 **150.00

100209724501
07/07/11--01023--012 **750.00

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 [Signature] Date 7-5-2011
 REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	DAVID YOPP	11122, 102 ND TERR. N.	SEM. FL. 33778
VICE PRES	NICHOLAS YOPP	11122, 102 ND TERR. N.	SEM. FL. 33778

10. **E-mail Address:**

(To be used for future annual report notification)

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. I further certify, 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: DAVID C. YOPP 7-5-2011 AD 536-0784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #