2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2004
Secretary of State

DOCUMENT# P02000111044

Entity Name: A & M RECOVERY SERVICES, INC.

Current Principal Place of Business:

5001 S.W. CR. 100A
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

5001 S.W. CR. 100A
STARKE, FL 32091

New Mailing Address:

FEI Number: 47-0894842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRICKLAND, MARK
5001 S.W. CR. 100A
STARKE, FL 32091 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: STRICKLAND, IRA A
Address: 6250 KINGLSEY LAKE DR.
City-St-Zip: STARK, FL 32091

Title: DV ( ) Delete
Name: STRICKLAND, MARK A
Address: 5001 S.W. CR. 100A
City-St-Zip: STARKE, FL 32091

Title: DV ( ) Delete
Name: STRICKLAND, SUZANNE B
Address: 6250 KINGSLEY LAKE DR.
City-St-Zip: STARKE, FL 32091

Title: DT ( ) Delete
Name: STRICKLAND, DAWN
Address: 5001 SW CR. 100A
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: STRICKLAND, IRA A
Address: 6188 KINGLSEY LAKE DR.
City-St-Zip: STARKE, FL 32091

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: STRICKLAND, SUZANNE B
Address: 6188 KINGSLEY LAKE DR.
City-St-Zip: STARKE, FL 32091

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE B STRICKLAND DV 10/28/2004

Electronic Signature of Signing Officer or Director — Date