2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# P02000111044

Entity Name: A & M RECOVERY SERVICES, INC.

Current Principal Place of Business:

308 S THOMPSON STREET
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

308 S THOMPSON STREET
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: MARK STRICKLAND

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: 6202 KINGLSEY LAKE DR.
City-St-Zip: STARKE, 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: 6202 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: IRA A STRICKLAND PRES 10/19/2009

Electronic Signature of Signing Officer or Director — Date