

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

07 SEP -6 PM 3:23

DOCUMENT # P03000040057

1. Corporation Name

State of Florida Recovery, Inc.

2. Principal Office Address - No P.O. Box #

7205 NE 4th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

7205 NE

Suite, Apt. #, etc.

City & State

MIAMI Florida

City & State

MIAMI Florida

Zip

33138

Country

US

Zip

33138

Country

US

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/2004

5. FEI Number

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

JOSE L. ARES

Street Address (P.O. Box Number is Not Acceptable)

6488 Coral Way

Suite, Apt. #, Etc.

City

MIAMI Florida

State

FL

Zip Code

33155

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 08/31/07

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
President	JOSE L ARES	6488 Coral Way	MIAMI, FL. 33155
		B 9/7/07	
		REINSTATEMENT 04-07	
		300109129933	
		09/05/07--01016--018 **1200.00	

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 contained in Chapter 119, 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

08/31/07

Date

3057409899

Daytime Phone #