

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000083560

FILED
Oct 20, 2004
Secretary of State

Entity Name: INSIGHTS RECOVERY PROGRAMS, INC.

Current Principal Place of Business:

11491-C S.W. 109 ROAD
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11491-C S.W. 109 ROAD
MIAMI, FL 33176

New Mailing Address:

FEI Number: 04-3697602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEESE, WILLIAM A
11491-C S.W. 109 ROAD
MIAMI, FL 33176 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: PST () Delete
Name: TEESE, WILLIAM A
Address: 11491-C S.W. 109 ROAD
City-St-Zip: MIAMI, FL 33176

Title: VP (X) Delete
Name: WILLIAMS, DEBORAH
Address: 14625 SW 127 CT
City-St-Zip: MIAMI, FL 331866334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: WILLIAM A TEESE

PRES

10/20/2004

Electronic Signature of Signing Officer or Director

Date