

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 10 PM 2:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

300137780729
11/10/08-01025-002 **\$600.00

DOCUMENT # P04000107 876

1. Corporation Name

Specialized Recovery Services, Inc.

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

1002 Pipers Cay Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2184

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

Zip

33415

Country

USA

City & State

West Palm Beach, FL

Zip

33402

Country

4. Date Incorporated or Qualified
To Do Business in Florida

July 21, 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

Derrick A Calhoun

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

1002 Pipers Cay Dr

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33415

☒ 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

Date September 8, 2008

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	Derrick A Calhoun	1002 Pipers Cay Dr.	West Palm Bch, FL 33415
VP	Katherine Darlene Watkins	907 N. Mission Rd.	Newton, KS 67114
Treas	Derrick A Calhoun	1002 Pipers Cay Dr.	West Palm Bch, 33415

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

8-8-08

Date

Daytime Phone #