

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000144645

1. Entity Name
OVERALL RECOVERY INC.



FILED

08 OCT -2 PM 12: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10012008 REIN-P CR2E098 (1/07)

Principal Place of Business

1680 W 38 PL #A6
HIALEAH, FL 33012

Mailing Address

1680 W 38 PL #A6
HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box #

2625 W 6th AVE

Suite, Apt. #, etc.

3. Mailing Address

2625 W 6th AVE

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip
33010

Country

City & State

Hialeah, FL

Zip
33010

Country

4. FEI Number
43-2089314

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, FRANCISCO T
1680 W 38 PL #A6
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name (Address only)

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

2625 W 6th AVE

City Hialeah

FL

Zip Code 33010

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Francisco Lopez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME LOPEZ, FRANCISCO T
STREET ADDRESS 1680 W 38 PL #A6
CITY-ST-ZIP HIALEAH, FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

(Address only) ☒ Change ☐ Addition
2625 W 6th AVE
Hialeah, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500136894145
10/14/08--01007--010 **\$150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Francisco Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #