
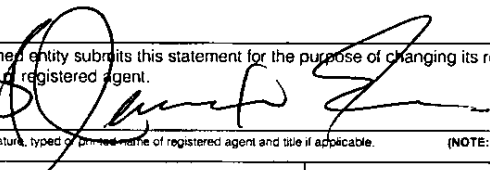
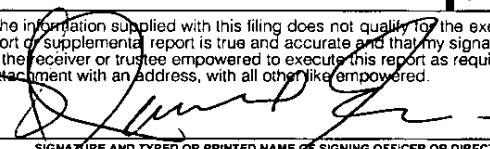


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000156999 1. Entity Name KENDALL RECOVERY, INC.																	
Principal Place of Business 7805 S W 88TH CT MIAMI, FL 33173			Mailing Address 7805 S W 88TH CT MIAMI, FL 33173														
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country															
4. FEI Number 02062006 REIN-P CR2E098 (11/05)				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HASNER, MARK M ONE S E 3RD AVE STE 2400 MIAMI, FL 33131													
7. Name and Address of New Registered Agent Name N. Jimmie Elias Street Address (P.O. Box Number is Not Acceptable) 7805 SW 88 court 7805 SW 88 court City Miami FL Zip Code 33173				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: 													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ELIAS, N. JIMMIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7805 S W 88TH CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33173</td> <td></td> </tr> </table>						TITLE	D	<input type="checkbox"/> Delete	NAME	ELIAS, N. JIMMIE		STREET ADDRESS	7805 S W 88TH CT		CITY-ST-ZIP	MIAMI, FL 33173	
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NAME	ELIAS, N. JIMMIE																
STREET ADDRESS	7805 S W 88TH CT																
CITY-ST-ZIP	MIAMI, FL 33173																
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">President</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Elias, N. Jimmie</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7805 SW 88 court</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami FL 33173</td> <td></td> </tr> </table>						TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Elias, N. Jimmie		STREET ADDRESS	7805 SW 88 court		CITY-ST-ZIP	Miami FL 33173	
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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: 																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																	

FILED
 06 MAR -7 AM 11:47
 SEC. TALLAHASSEE
 TALLAHASSEE, FLORIDA
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