

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000141031

1. Entity Name
NIGHT HUNTERS RECOVERY, INC.



FILED
06 NOV 13 PM 1:52
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4718 S.W. 46 LANE
DAVIE, FL 33314

Mailing Address

4718 S.W. 46 LANE
DAVIE, FL 33314

2. Principal Place of Business

1814 S.W. 29 ST
Suite, Apt. #, etc.

3. Mailing Address

SAHE
Suite, Apt. #, etc.



11082006

REIN-P

CR2E098 (11/05)

06

City & State

FT. LAUDERDALE FL

City & State

SAHE

4. FEI Number

20-4034621

Applied For

Not Applicable

Zip

33315

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, JOSE A
4718 S.W. 46 LANE
DAVIE, FL 33314

1814 S.W. 29 ST.
FT. LAUDERDALE, FL 33315

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

JOSE JIMENEZ

(NOTE: Registered Agent signature required when reinstating)

11/8/06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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 DP ☐ Delete

NAME JIMENEZ, JOSE A

STREET ADDRESS 4718 S.W. 46 LANE 1814 S.W. 29 ST.

CITY-ST-ZIP DAVIE, FL 33314 FT. LAUDERDALE FL 33315

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

JOSE JIMENEZ

11/8/06

DATE

Daytime Phone #