2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# P06000008739

Entity Name: ACTION RECOVERY SPECIALISTS INC.

Current Principal Place of Business:

2158 SPAFFORD AVE.
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

2158 SPAFFORD AVE.
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 84-1699708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCOY, MAREE A
2158 SPAFFORD AVE.
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411 US

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: A1A REGISTERED AGENT INC, TINA MAKI 02/26/2009
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: P ( ) Delete
Name: MCCOY, MAREE
Address: 2158 SPAFFORD AVE.
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: VP ( ) Delete
Name: MCCOY, MAREE
Address: 2158 SPAFFORD AVE.
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: SEC. ( ) Delete
Name: MCCOY, MAREE
Address: 2158 SPAFFORD AVE.
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: TRES ( ) Delete
Name: MCCOY, MAREE
Address: 2158 SPAFFORD AVE.
City-St-Zip: WEST PALM BEACH, FL 33409 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: MAREE MCCOY P 02/26/2009
Electronic Signature of Signing Officer or Director Date