


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000077502		
1. Entity Name TOO LATE RECOVERY INC.		

Principal Place of Business 715 N YOUNG BLVD CHIEFLAND, FL 32626	Mailing Address PO BOX 604 CHIEFLAND, FL 32644
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 302 NW 2nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Chiefland FL
Zip	Country
Country	Zip 32626
	Country Levy

6. Name and Address of Current Registered Agent	
WETHERINGTON, JASON E 403 NE 4TH STREET CHIEFLAND, FL 32626	

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

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
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P WETHERINGTON, JASON E PO BOX 604 CHIEFLAND, FL 32644	TITLE	100134460661 08/14/08--01011-011 ***300.00
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP WETHERINGTON, CODY W PO BOX 604 CHIEFLAND, FL 32644	TITLE	REINSTATEMENT
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:	08/08/08	(352) 231-3570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08082008 REIN-P CR2E098 (1/07)