

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000145634

FILED  
Aug 25, 2008  
Secretary of State

Entity Name: LAST CHANCE RECOVERY INC.

## Current Principal Place of Business:

8219 BRANSTON DRIVE  
NAVARRE, FL 32566 US

## New Principal Place of Business:

## Current Mailing Address:

8219 BRANSTON DRIVE  
NAVARRE, FL 32566 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARDWELL, CHRISTOPHER  
8219 BRANSTON DRIVE  
NAVARRE, FL 32566 US

## Name and Address of New Registered Agent:

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: CHRISTOPHER CARDWELL

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: DIR ( ) Delete  
Name: CARDWELL, CHRISTOPHER  
Address: 8219 BRANSTON DRIVE  
City-St-Zip: NAVARRE, FL 32566 US

Title: PRES ( ) Delete  
Name: CARDWELL, CHRISTOPHER  
Address: 8219 BRANSTON DRIVE  
City-St-Zip: NAVARRE, FL 32566 US

Title: VP ( ) Delete  
Name: CARDWELL, PAULA  
Address: 8219 BRANSTON DRIVE  
City-St-Zip: NAVARRE, FL 32566 US

Title: SEC ( ) Delete  
Name: CARDWELL, PAULA  
Address: 8219 BRANSTON DRIVE  
City-St-Zip: NAVARRE, FL 32566 US

Title: TREA ( ) Delete  
Name: CARDWELL, PAULA  
Address: 8219 BRANSTON DRIVE  
City-St-Zip: NAVARRE, FL 32566 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:

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: CHRISTOPHER CARDWELL

DIR

08/25/2008

Electronic Signature of Signing Officer or Director

Date