

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000076654

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Entity Name:** DIVERSIFIED COLLATERAL RECOVERY CORP

**Current Principal Place of Business:**

703 FISHERMANS WHARF  
FORT MYERS BEACH, FL 33931

**New Principal Place of Business:**

27499 RIVERVIEW CENTER BOULEVARD  
SUITE 115  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

8754 RIVER HOMES LANE  
204  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

27499 RIVERVIEW CENTER BOULEVARD  
SUITE 115  
BONITA SPRINGS, FL 34134

**FEI Number:** 26-3300890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANSON, KEITH  
8754 RIVER HOMES LANE  
204  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

HANSON, KEITH A  
27499 RIVERVIEW CENTER BOULEVARD  
SUITE 115  
BONITA SPRINGS, FL 34134 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: KEITH A HANSON

10/15/2009

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: HANSON, KEITH  
Address: 8754 RIVER HOMES LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HANSON, KEITH A  
Address: 27499 RIVERVIEW CENTER BOULEVARD  
City-St-Zip: BONITA SPRINGS, FL 34134

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: KEITH A HANSON

P

10/15/2009

Electronic Signature of Signing Officer or Director

Date