

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC -9 PM 2:12

DOCUMENT # P08000089411

1. Corporation Name

Recovery Road, Inc.

REINSTATEMENT 09-11

300215033103  
12/09/11--01006--004 \*\*1050.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

6789 SW Hwy 200

Suite, Apt #, etc.

3. Mailing Office Address

6789 SW Hwy 200

Suite, Apt #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34476

Country

USA

Zip

34476

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/30/2008

5. FEI Number

94-3445243

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brenda Philhower

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

6585 SW 84th St.

Suite, Apt #, Etc.

City

Ocala

State

FL

Zip Code

34476

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, VP, D	Brenda Philhower	6585 SW 84th St.	Ocala, FL 34476

10. E-mail Address: recoveryroadinc@gmail.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Brenda Philhower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-11

Date

352-2327623

Daytime Phone #