

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000009324 LETTER # 399A00054807

1. Corporation Name  
S&S RECOVERY SERVICES, INC  
10001 FOXRUN ROAD  
PENSACOLA, FL 32514

Principal Place of Business Mailing Address  
PENSACOLA, FL 10001 FOXRUN RD  
PENSACOLA, FL 32514

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <u>N/A</u>		3. New Mailing Office Address, If Applicable <u>N/A</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>12/04/92</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-7152677</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<u>P</u>	<u>CARROLL B. CLARK</u>	<u>10001 FOXRUN ROAD</u>	<u>PENSACOLA, FL 32514</u>
<u>V.P.</u>	<u>STEVE CLARK</u>	<u>109 AIRPORT BLVD</u>	<u>PENSACOLA, FL 32504</u>
<u>S-T</u>	<u>SCOTT CLARK</u>	<u>1971 MERLIN RD</u>	<u>PENSACOLA, FL 32506</u>

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
<u>C. B. CLARK</u> <u>10001 FOXRUN RD</u> <u>PENSACOLA, FL 32514</u>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code <u>FL</u>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent [Signature] Date 11/18/98  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] 11/18/98 950/484-7691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CARROLL B. CLARK Date Daytime Phone #

CP20040 (1/98)

RECEIVED  
AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**REINSTATEMENT 96-98**