


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR 16 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000052679**

1. Corporation Name  
**A. A. Network Recovery, Inc.**

2. Principal Office Address - No P.O. Box # <b>4550-35th St No.</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>St Petersburg, FL</b>		City & State	
Zip <b>33713</b>	Country <b>Pinellas</b>	Zip	Country

**REINSTATEMENT** CR2E081 (1/07) **04-07**

4. Date Incorporated or Qualified To Do Business in Florida <b>1994</b>	
5. FEI Number <b>5932 54133</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
**Alice B Morrow**

Street Address (P.O. Box Number is Not Acceptable)  
**9150-54th Way No**

Suite, Apt. #, Etc.

City  
**Pinellas Park**

State  
**FL**

Zip Code  
**33782**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **Alice B Morrow**

Date **3-5-07**

REGISTERED AGENT MUST SIGN

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
Pres	Bonald A. Lowell	9150-54th Way No	Pinellas Park FL 33782
V.P.	Robert W. Lowell	5142-61st Lane N.	St Petersburg, FL 33709
Sec	Alice B. Morrow	9150-54th Way No	Pinellas Park FL 33782

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10. 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 contained in Chapter 119, 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: **Alice B Morrow**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/05/07** 727-544-4309  
Daytime Phone #