

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000074768**

1. Corporation Name

ASSET RECOVERY GROUP, INC.

Principal Place of Business

2140 W KING STREET
COCOA FL 32926

Mailing Address

2140 W KING STREET
COCOA FL 32926

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1995

5. FEI Number

59-3342169

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	City / State / Zip
D	COOPER, KENT J	9045 E COLONIAL DR SUITE 114 595 BELAIR AVE.	ORLANDO FL 32817 Merritt Island, FL 32953
D	BOWERS, JOHN A DELETE	8155 WHISTLEWING CT	ORLANDO FL 32817
D	CRIM, ROBERT J	2230 BANCROFT BLVD 1391 Stag Court	ORLANDO FL 32833 Melbourne, FL 32940
D	CAREY, JIM	7147 HAMMOCK LAKES DR	MELBOURNE FL 32940
			200003493312--5 -12/11/00--01036--021 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COOPER, KENT J

9045 E COLONIAL DR SUITE 114
ORLANDO FL 32817
2140 W. King St.
Cocoa, FL 32926

Name

Kent Cooper

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

2140 W. King Street

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32926

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]
REGISTERED AGENT MUST SIGN

Date 10/13/00

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., 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]
James S. Carey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00

Date

Daytime Phone #