PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAR 11 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000089003

1. Corporation Name

B & W RECOVERY, INC.

2. Principal Office Address		**3.** Mailing Office Address	
1520 SE 3RD AVE		2800 W. CYPRESS CREEK RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		SUITE 100	
City & State		City & State	
FT LAUDERDALE, FL		FT LAUDERDALE, FL	
Zip	Country	Zip	Country
33316	USA	33309	USA

4. Date Incorporated or Qualified To Do Business in Florida - 1995

5. FEI Number 65-0624959 ☐ 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
BRUCE E. WAGNER

900005181039--9
-04/01/02--01095--016
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable)
2800 W. CYRESS CREEK ROAD

Suite, Apt. #, Etc.
SUITE 100

City: FT LAUDERDALE | State: FL | Zip Code: 33309

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 _____ Date 03/07/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PRESIDENT	BRUCE E. WAGNER	2800 W CYPRESS CREEK RD SUITE 100	FT LAUDERDALE, FL. 33309
VICE PRESIDENT	BRUCE E. WAGNER	SAME	SAME
SEC.	BRUCE E. WAGNER	SAME	SAME

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 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: _____ 3/7/02 (954) 935-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #