2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 21 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000076165

1. Entity Name
ALL FLORIDA RECOVERY CORP.

Principal Place of Business	Mailing Address
3310 SW 11TH ST. DEERFIELD BEACH, FL 33442	3310 SW 11TH ST. DEERFIELD BEACH, FL 33442

01212005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
3310 SW 11ST	3310 SW 11ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deerfield Beach	City & State: Deerfield Beach
Zip: 33442 Country: USA	Zip: 33442 Country: USA

4. FEI Number: 65-0699091 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREY, BRIAN
3310 SW 11TH ST.
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FREY, BRIAN 3310 SW 11TH ST. DEERFIELD BEACH, FL 33442	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

900049930379
04/05/05--01082--014 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

All Florida Recovery

All Florida Recovery

Phone:
FAX:
email:

Friday, January 21, 2005

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom This May Concern,

Greetings. I am requesting that the penalty of $600.00 be waived. In 2004 our Company suffered great losses due to the 3 hurricanes that hit the Palm Beach Area. A large part of our service area's are North of us , and due to the damage Done we were unable to conduct business. The winds and the storms knocked out All utilities in our office, so that we were unable to even open our office. I thank You for your time and consideration.

Sincerly,

Brian Frey