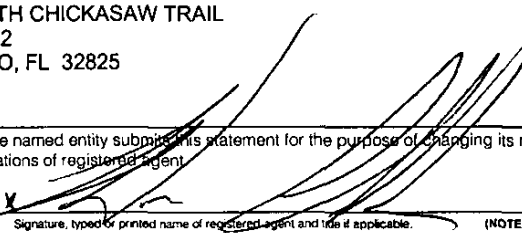


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000017280</b> 1. Entity Name <b>STOP LOSS RECOVERY SERVICES, INC.</b>					
Principal Place of Business <b>100 ALEXANDREA BLVD STE 8 OVIEDO, FL 32765</b>			Mailing Address <b>425 SOUTH CHICKASAW TRAIL SUITE 152 ORLANDO, FL 32825</b>		
2. Principal Place of Business <b>680 Ferne Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>680 Ferne Dr.</b> Suite, Apt. #, etc.			
City & State <b>Longwood, FL</b>		City & State <b>Longwood, FL</b>		4. FEI Number <b>59-3430872</b>	
Zip <b>32779</b>		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CLARK, WARREN 425 SOUTH CHICKASAW TRAIL SUITE 152 ORLANDO, FL 32825</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/27/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, WARREN</b> <b>547 CARRIGAN AVE</b> <b>OVIEDO, FL 32765</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>680 Ferne Dr.</b> <b>Longwood, FL 32779</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200075222852</b> <b>05/25/06--01012--013 **300.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/27/06</b> Daytime Phone #	

FILED  
06 MAY 15 11:45  
TALLAHASSEE, FLORIDA



REINSTATEMENT 04262006 REINSTATEMENT (11/05) 05-06