

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

~~CORPORATION~~
~~REINSTATEMENT~~



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

FILED

01 FEB -8 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000025510

1. Corporation Name

Recreational Capital, Inc.
787 SE Port St. Lucie Blvd.
Port St. Lucie, FL 34984

2. Principal Office Address

787 SE Port St. Lucie Blvd.
Port St. Lucie FL 34984

3. Mailing Office Address

blvd. SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie FL

City & State

Zip Country Zip Country

34984

4. Date Incorporated or Qualified

To Do Business in Florida March 1997

5. FEI Number

59-3434382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

Margaret E. Fowler

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

787 SE Port St. Lucie Blvd.

Suite, Apt. #, Etc.

City

Port St. Lucie

State
FL

Zip Code
34984

100003743381-9
-02/20/01--01076--008
****300.00 ****300.00

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

Margaret E. Fowler
REGISTERED AGENT MUST SIGN

Date

2-5-01

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
P	Margaret E. Fowler	787 SE Port St. Lucie Blvd.	Port St. Lucie FL 34984
VP	John S. Fowler	787 SE Port St. Lucie Blvd.	Port St. Lucie FL 34984

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:

John S. Fowler
John S. Fowler VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2001 561-340-7881

Date

Daytime Phone #

CR2E081 (9/00)



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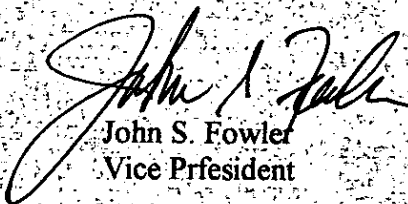
February 5, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom it May Concern,

In January 2000, we moved our office to the address on this application. We filled a change of address, however, we did not receive our Annual report for 2000 or 2001. Apparently our change of address was received by your office but not correctly changed.

Please reinstate our corporation. Per our telephone conversation, I am attaching our check for \$300.00. Thanking you in advance,


John S. Fowler
Vice President

Recreational Capital, Inc.
787 SE Port St. Lucie Blvd.
Port St. Lucie, FL 34984

561-340-7881
800-339-0121
FAX
561-340-7982
800-785-2639