

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000096648**

1. Corporation Name

**RECOVERY HOME CARE INC.**

Principal Place of Business

1897 PALM BEACH LAKES BLVD.  
STE 208  
WEST PALM BEACH FL 33409  
US

Mailing Address

1897 PALM BEACH LAKES BLVD.  
SUITE 207  
WEST PALM BEACH FL 33409  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/10/1997

5. FEI Number

65-0793103

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CONKLIN, MARK	5319-53RD WAY 727 CLAREMORE RD.	WEST PALM BEACH FL 33409 33401

300008820243  
11/06/02-01037-016 \*\*750.00

8. Name and Address of Current Registered Agent

CONKLIN, MARK

5319-53RD WAY 727 CLAREMORE RD.  
WEST PALM BEACH FL 33409 33401

9. Name and Address of New Registered Agent

Name

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

727 CLAREMORE RD.

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33401

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct 30, 2002

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-02

Date

Daytime Phone #