

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hodges
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 9:34

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

REINSTATEMENT 03



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CONKLIN, MARK	727 CLAREMORE RD	WEST PALM BEACH FL 33401
			700023768157 10/30/03--01010--003 **150.00
			700023768157 10/13/03--01100--024 **600.00

8. Name and Address of Current Registered Agent

CONKLIN, MARK
727 CLAREMORE RD
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/9/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03 561.6881515

CR2E040 (7/03)