PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DOCUMENT # P98000077190  1. Corporation Name							]	A Section of Section 1	" MUDEE, I-LORI	DA	
TOT	TAL EC	ONOMIC RECOV	ERY, INC	О.							
							<del>20, 07</del>		001.	₩300. 	OŪ
2. Principal Office Address 1127 GROVE STREET			3. Mailing Office Address 3426 HYDE PARK DRIVE			000022036280 08/04/0301081001 **300.00					
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
City & State City			City & State	Dity & State			4. Date Incorporated or Qualified To Do Business in Florida 08/31/98				
CLEARWATER, FL.			CLEARWATER, FL			<u>ــــــ</u>	59-3532776 Applied For Not Applicab				
<sup>Zip</sup> 33 <b>7</b> 55	-4824	USA	33761-1	419	Country USA		6. CERTIFICATE	OF STATE		dditional F Certificate	ee required of Status
			7. N	ame and A	ddress of Cu	rrent Register	ed Agent				
ı	Name TERRENCE L. GAUTHIER										
	Street Address (P.O. Box Number is Not Acceptable) 3426 HYDE PARK DRIVE										
	Suite, Apt. #, Etc.										
	City CL	EARWATER	· · · · · · · · · · · · · · · · · · ·		-			State	Zip Code 33761-1419		
8. I, being	appointed the	e registered agent of the abo	ve named corpor	ration, am fa	amiliar with an	d accept the of	oligations of secti	on 607.05	05 or 617.0503, F.S.		(10/02)
Signature of Registered Agent Date 07/29/03  REGISTERED AGENT MUST SIGN										CR2E081 (10/02)	
9. Names	and Street A	RE ddresses of Each Officer and				must list at le	ast 3 directors)				{°
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
DP	TERRENCE L. GAUTHIER			3426 HYDE PARK DRIVE				CLEARWATER, FL 33761-1419			
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this rein owed b	nstatement ap by the corpora	officer or director or the receipoplication, the reason for dissortion have been paid and the retrue and accurate, and my signal.	olution has been names of individu	eliminated, Jals listed o	the corporate n this form do	name satisfies not qualify for a	the requirements an exemption und	of section	607.0401 or 617.0401, I	F.S., that a	ll fees
SIGNATURE: 07/29/03 (727) 466-9770  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										<u> </u>	
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## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2001 8:00 an Secretary of State DOCUMENT # P98000077190 1. Entity Name TOTAL ECONOMIC RECOVERY, INCORPORATED 05-02-2001 90194 025 \*\*\*150.00 Principal Place of Business Mailing Address 147 TALLEY DR. 147 TALLEY DR. PALM HARBOR FL 34684 PALM HARBOR FL 34684 INVALID ADDRESS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3532776 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAUTHIER, TERRENCE Street Address (P.O. Box Number is Not Acceptable) C/O SUNCOAST ACCOUNTING SERVICES, INC. 5116 N. ARMENIA DRIVE **TAMPA FL 33603** City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent aignature required when reinstaling) □ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition ☐ Delete TITLE GAUTHIER, TERRANCE L NAME STREET ADDRESS STREET ADDRESS 147 TALLEY DR CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP

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13. I hereby cortify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(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 cath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an adverse with all other like empowered.

CICALATURE:

A 4/4 - 0/1 P23 - 784 - 6/16

## Total Economic Recovery, Incorporated

1127 Grove Street c/o 3426 Hyde Park Drive Clearwater, Florida 33761-1419 (727) 466-9770

July 29, 2003

**RE: REINSTATEMENT** 

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314-6327

Dear Sir or Madam:

On October 4, 2002, your Division effected an administrative dissolution of our corporation due to our failure to file a 2002 Uniform Business Report (UBR).

Please be advised that we did not receive the aforementioned UBR due to circumstances beyond our control.

I signed and timely filed the 2001 UBR on April 4, 2001 (see the enclosed copy). Shortly thereafter, our corporate office moved and a change of address and forwarding order was timely and properly filed with the US Postal service.

When your Division mailed the 2002 UBR some months later (to the Talley Drive address), that forwarding order either was not enforced by the US Postal service or had expired.

As a result, we did not receive the 2002 UBR and our corporation was dissolved.

To prevent a recurrence of the above, we have designated my personal home address as the corporation's mailing address on the enclosed Corporation Reinstatement form.

As per our conversation on July 24, 2003 with "Eula" in your office, we have completed and enclosed the reinstatement form along with our check in the amount of \$300 for the 2002 and 2003 UBR filing fees.

We respectfully request that you accept the enclosed check and reinstate our corporation.

Should you require any additional information, please call me directly.

Terrence L. Gauthier

President