

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -2 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**

**01-03**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **98000083067**

1. Corporation Name

**INTIHAR RECOVERY, INC**

2. Principal Office Address

**3150 PLACIDA RD**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**ENGLEWOOD, FL**

City & State

Zip

Country

**34224**

**US**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**9/97**

5. FEI Number

**65-0790712**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**SCOTT M. INTIHAR**

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

**36 SPORTSMAN PL**

Suite, Apt. #, Etc.

City

**ROTONDA**

State

**FL**

Zip Code

**33947**

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

**SCOTT M. INTIHAR**

REGISTERED AGENT MUST SIGN

Date **5-27-03**

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
PRES	SCOTT M. INTIHAR	36 SPORTSMAN PL	ROTONDA, FL 33947

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:

**SCOTT M. INTIHAR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**SCOTT M. INTIHAR 5/27/03 941-697-5519**

Daytime Phone #

CS2E001 (10/02)

9/6/2



05/27/03

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

RE: **FEI Number: 65-0790712**

Dear Representative,

Enclosed is payment for reinstatement. I spoke with a representative today and she advise I enclose this letter with my check and reinstatement form. I was just informed by my accountant that my corporation number was not active. After further review, it was found that you had my old address of 2701 Ivy Lane and the forwarding for that address has expired.

Our new address is: 3150 Placida Rd., Englewood, FL 34224.

Your representative also advised it will take approximately 10 days before we will receive written notification.

Thank you for your help and time.

Sincerely,

Scott M. Intihar