

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 AM 11:31

DOCUMENT # P99000072858

1. Corporation Name

ASSET RECOVERY FINANCIAL CORP.

Principal Place of Business

Mailing Address

8072 HARRISBURG DR.
FT.MYERS FL 33912

8072 HARRISBURG DR.
FT.MYERS FL 33912

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

2. New Principal Office Address, If Applicable

1230 SHELTER ROCK RD.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32835

Country

3. New Mailing Office Address, If Applicable

1230 SHELTER ROCK RD.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32835

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1999

5. FEI Number

65-0952409

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
PCD	JOHNSON, WILLIAM	8072 HARRISBURG DR.	FT.MYERS FL 33912
SD	JOHNSON, JENNIFER	8072 HARRISBURG DR.	FT.MYERS FL 33912
TD	BENDIK, MILAN K	13041 SHORESIDE CT.	FT.MYERS FL 33913
VD	BENDIK, LETICIA	13041 SHORESIDE CT.	FT.MYERS FL 33913

8. Name and Address of Current Registered Agent

JOHNSON, JENNIFER
8072 HARRISBURG DR.
FT.MYERS FL 33912

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.

Signature of
Registered Agent

Jennifer Johnson
REGISTERED AGENT MUST SIGN

Date 10-15-01

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

WILLIAM C. JOHNSON, PRESIDENT

10/15/01

Date

321-939-7748

Daytime Phone #

CR2E040 (8/01)