

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 DEC 18 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000096255

1. Corporation Name

DUTY RECOVERY SERVICES, INC.

2. Principal Office Address

1342 Colonial Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Bldg. K, Suite 103

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

City & State

Zip

33907

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1999

5. FEI Number

65-0984325

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

800009154648
11/21/02--01097--014 **758.75
REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

Christopher S. Hall

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

5215 Sunnybrook Court

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

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

Christopher S Hall

Date **11/12/02**

REGISTERED AGENT MUST SIGN

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
<i>D/p</i>	Corie L. Hall	5704 Leblanc Avenue	Ann Arbor, MI 48103
<i>D/v/s/r</i>	Patricia A. Kershaw	3811 SW 11th Place	Cape Coral, FL 33914
<i>D</i>	Constantin Mueller	8430 W. Gulf Blvd, Beach Apt.	Treasure Island, FL 33706

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:

Corie L Hall

Corie L. Hall, President

11/12/02

734-994-5392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)