2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000102898

City-St-Zip:

DELRAY BEACH, FL 33484

FILED May 24, 2008 Secretary of State

Entity Nan	ne: RICH'ST	OWING & RECOVERY, INC	D.		
Current Pr	incipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
5266 INWOOD DR DELRAY BEACH, FL 33484				10963 EGRET POINTE LN WEST PALM BEACH, FL 33412	
Current Ma	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
5266 INWOOD DR DELRAY BEACH, FL 33484				10963 EGRET POINTE LN WEST PALM BEACH, FL 33412	
FEI Number:	59-3611418	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
MEDEIROS, RICHARD A 5266 INWOOD DR DELRAY BEACH, FL 33484 US			350 FLAMINGO LN	MEDEIROS, RICHARD A 350 FLAMINGO LN DELRAY BEACH, FL 33445 US	
The above in the State		submits this statement for th	e purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	E: RICHARI	D A. MEDEIROS		05/24/2008	
	Electro	nic Signature of Registered A	Agent	Date	
		03(2)(b), F.S., the corporation did g Trust Fund Contribution ().	I not receive the prior notice.		
	AND DIREC	- · · ·	ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	AMATO, BARB 10962 EGRET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FRASCA, MAR 612 SHORE DI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DST (X MEDEIROS, R 5266 INWOOD		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BARBARA AMATO DP 05/24/2008