

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -1 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V05539

1. Corporation Name

FIRST RECOVERY, INC.

Principal Place of Business

Mailing Address

~~602 S.E. 11TH ST.
FT. LAUDERDALE FL 33016~~

~~602 S.E. 11TH ST.
SUITE 110
FT. LAUDERDALE FL 33016
US~~

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

2. New Principal Office Address, If Applicable

7067 C WEST BROWARD BLVD

Suite, Apt. #, etc.
21A1, 25AB

City & State
PLANTATION, FLORIDA

Zip
33317

Country
USA

3. New Mailing Office Address, If Applicable

7067 C WEST BROWARD BLVD

Suite, Apt. #, etc.
21A1, 25AB

City & State
PLANTATION, FLORIDA

Zip
33317

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/1992

5. FEI Number

65-0303065

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KAPLAN, CONSTANCE J.	501 S.E. 12TH STREET	FT. LAUDERDALE FL
D	BACEN, STEPHEN F.	501 S.E. 12TH STREET	FT. LAUDERDALE FL
C	GREGORY, Shelton	7067 C West Broward Blvd	Plantation, FL 33317
S	Jim Whalen	7067 C West Broward Blvd	Plantation, FL 33317

8. Name and Address of Current Registered Agent

~~BACEN & KAPLAN, P.A.
501 S.E. 12TH STREET
FT. LAUDERDALE FL 33316~~

9. Name and Address of New Registered Agent

Name
SHALON GERHARD
Street Address (P.O. Box Number is Not Acceptable)
7067 C West Broward Blvd
Suite, Apt. #, Etc.
21A1, 25AB
City
PLANTATION
State
FL
Zip Code
33317

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

REGISTERED AGENT MUST SIGN

Date

10/22/99

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. The 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

Date

Day/Month/Phone #

Jim Whalen

October 22, 1999



A wholly owned subsidiary of
ASSET MANAGEMENT
OUTSOURCING, INC.

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October 26, 1999

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations

Dear Sir or Madam:

Enclosed, please find the completed 1999 corporation annual report form. Please accept this, as a response to the notice you sent several months ago, but was not received by me.

I already confirmed with a representative from your office that the initial fee for \$150 was received.

If you may need further assistance or have any questions, please call me at 954/983-7666 ext. 110.

Sincerely,


Earl Gregory

501 S.E. 12TH STREET
FORT LAUDERDALE
FLORIDA 33316

(954) 523-4447
(800) 669-8642