

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 575.00

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

AND  
FILED

1997 DEC 22 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # U63557

1. Corporation Name

Recom, Inc.

Mailing Address  
20877 Sugarloaf Lane  
Boca Raton, FL 33428

Principal Place of Business  
20877 Sugarloaf Lane  
Boca Raton, 33428

W97-24273

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

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE  
4. Date Incorporated or Qualified  
To Do Business in Florida

09-08-92

5. FEI Number

65-0353341

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Beatriz F. Wiesenmiller	29877 Sugarloaf Lane	Boca Raton, FL 33428

200002383812-9  
-12/26/97-01103-013  
\*\*\*1080.00 \*\*\*1080.00

**REINSTATEMENT**

95-97  
12/24/97

8. Name and Address of Current Registered Agent

Wiesenmiller, Beatriz E.  
20877 Sugarloaf Lane  
Boca Raton, FL 33428

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers 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 Beatriz E. Wiesenmiller  
REGISTERED AGENT MUST SIGN

Date 11-30-96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Beatriz E. Wiesenmiller PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-30-96  
Daytime Phone #