

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP 10 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000004808

1. Corporation Name

North Eastern Asset Recovery, Inc.

2. Principal Office Address - No P.O. Box #

22 Saw Mill River Road

Suite, Apt. #, etc.

2nd Floor

City & State

Hawthorne, N.Y.

Zip

10532

Country

USA

3. Mailing Office Address

22 Saw Mill River Road

Suite, Apt. #, etc.

2nd Floor

City & State

Hawthorne, N.Y.

Zip

10532

Country

USA

CR2E081 (1/07)

02-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/10/2001

5. FEI Number

133888078

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

INCORPORATING SERVICES, LTD

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

1540 GLENWAY DRIVE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Melissa Murray **Assistant Secretary** Date **8/20/07**

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
Pres	Vincent Colletti	22 SAW MILL RIVER RD, 2ND FL	HAWTHORNE NY 10532
			910108475409 08/23/07--01004--003 **750.00
			910108475409 08/19/07--01059--023 **158.75
			REINSTATEMENT
			02-07

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 contained in Chapter 119, 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

8/20/07

Date

Daytime Phone #

914-593-1605