

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

3. Mailing Office Address

22 Saw Mill River Road

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

2nd Floor

City & State

Hawthorne, N.Y.

City & State

Hawthorne, N.Y.

Zip

10532

Country

USA

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

Name  
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 08/29/07--01004--003 **750.00
			910108475409 08/19/07--01059--023 **159.75
			<b>REINSTATEMENT</b>
			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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/07  
Date

914-593-1605  
Daytime Phone #