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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2008 APR -4 P 2:39

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4-5-06  
11/07

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** GreatHeights Recovery Solutions, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lynn Reyes

(Name of Person)

GreatHeights Recovery Solutions, Inc.

(Firm/Company)

2171 Jericho Turnpike, Suite 330

(Address)

Commack, NY 11725

(City/State and Zip code)

For further information concerning this matter, please call:

Lynn Reyes

(Name of Person)

at ( 631 ) 850-0027 ext 313

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **GreatHeights Recovery Solutions, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**GreatHeights Recovery Services**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **New York**

(State or country under the law of which it is incorporated)

3. **20-4200039**

(FEI number, if applicable)

4. **January 20, 2006**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **2171 Jericho Turnpike, Suite 330, Commack, NY 11725**

(Principal office address)

**2171 Jericho Turnpike, Suite 330, Commack, NY 11725**

(Current mailing address)

8. **Debt collection agency**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Carlos Flores**

Office Address: **2641 E Juliet Dr**

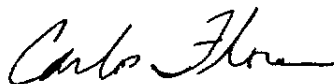
**Deltona**, Florida **32738**

(City)

(Zip code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Ruben Reyes

Address: 20 Pheasant Valley Dr

Coram, NY 11727

Vice President: Dinora Siff

Address: 2641 E Juliet Dr

Deltona, FL 32738

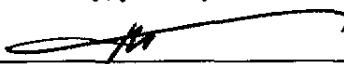
Secretary: Kaitia Coby

Address: 1 Rolling Dr, Old Westbury, NY 11568

Treasurer: Richard Edmundson

Address: 27 Woody Lane, Northport, NY 11768

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Richard Edmundson, Treasurer  
(Typed or printed name and capacity of person signing application)

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STONY BROOK  
TALMADGE

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of GREATHEIGHTS RECOVERY SOLUTIONS, INC. was filed on 01/20/2006, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 29th day of March two  
thousand and six.*

*Special Deputy Secretary of State*

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