

FA9000004719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

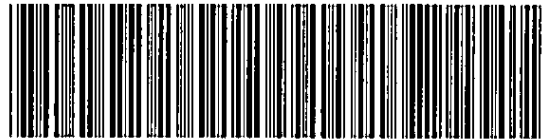
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OCT 19 2019

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COVER LETTER

TO: Registration Section
Division of Corporations
EXPERT COST RECOVERY INC

SUBJECT:

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," or "Certificate of Good Standing" 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:
DAVID KAY

Name of Person	
EXPERT COST RECOVERY INC	

16513 W. COURSE DRIVE Firm/Company

TAMPA, FL 33624

DPK_CPA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID KAY 516 859-6070

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

MAILING ADDRESS:

Registration 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.*

EXPERT COST RECOVERY INC

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. _____ 3. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable)
NEW YORK 47-2305399
4. _____ 5. _____
(State or country under the law of which it is incorporated) (Date of duration, if other than perpetual)
OCTOBER 15, 2014
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
16513 W. COURSE DRIVE, TAMPA, FL 33624
7. _____
(Principal office address)
- _____
(Current mailing address, if different)

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

REGISTERED AGENTS INC

Name:

7901 4th St N STE 300

Office Address:

ST. PETERSBURG

33702

(City)

(Zip code)

9. 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)

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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CLERK OF COURT

B. OFFICERS

DAVID KAY

President: _____

16513 W. COURSE DRIVE

Address: _____

TAMPA, FL 33624

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. David Kay _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DAVID KAY, PRESIDENT

13. _____

(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of EXPERT COST RECOVERY INC was filed on 10/15/2014, under the name of COST PERSPECTIVES INC, 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.

A Certificate of Amendment COST PERSPECTIVES INC, changing its name to EXPERT COST RECOVERY INC, was filed 11/03/2014.

The Biennial Statement is past due.



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TALLAHASSEE, FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 12th day of September two
thousand and nineteen.*

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State

New York State Department of State

Division of Corporations Biennial Statement e-Filing System

**SUBMISSION CONFIRMATION
PLEASE PRINT FOR YOUR RECORDS**

Thank you for submitting your biennial statement online. The biennial statement submitted through the Biennial Statement e-Filing System has been transmitted to the Department of State.

Transmittal Informational:

DOS ID:	4651001	FILED 2019 OCT 18 PM 4:44 CLERK OF SUPREME COURT TALLAHASSEE, FLORIDA
BUSINESS NAME:	EXPERT COST RECOVERY INC	
Filing Period:	10/2018	
Transmittal Date:	09/26/2019 09:36 AM	
Credit Card Auth Code:	026969	
Credit Card Trans Id:	260919A43-3022DB45-5F48-4797-BEE1-F1EE36E9AFDD1	
Last 4 Digits of Credit Card:	0364	
Record Number:	20190926000051	
The Credit/Debit Card has been charged \$ 9.00 on: 09/26/2019 09:36 AM		

Upon successful filing of the electronic biennial statement in the records of the Department of State a filing acknowledgment will be sent to you at the e-Mail address provided:
DPK_CPA@YAHOO.COM.

Please note that modifications made through the e-Statement Filing System may not be reflected in the records of the Department for 1 to 3 business days.

If you have questions regarding your electronic filing please contact us at
corporations@dos.ny.gov

NYS Division of Corporations, State Records & Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231-0001
(518) 473-2492

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