## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT #
Name and Mailing Address

L02000008850

0002969 01 AT 0,292 \*\*AUTO T3 0 0615 32751-691067 Inlimited Inlimited Inlimited Inlimited Inlimited AUTOMATED RECOVERY SOLUTIONS, LLC 867 CRANES CT.
MAITLAND FL 32751-6910

FILED

2004 JAN 27 PM 12: 26

DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA



2. New Mailing Address 225 S. Swoope Ave #204  City State. 20		puntry of Formation FL	
Maistand, F1 32751		5. Date Organized or Qualified To Do Business in Florida 04/12/2002	
Principal Place of Business 867 CRANES CT. MAITLAND FL 32751  3. New Principal Place of Business Address  725 S. Sweepe Ave # 20 Y  City State, 7ip Meiuland A 3275/		nber Applied For Not Applicable	
		ATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent	9. Name a	nd Address of New Registered Agent	
	Name		
HAMMAN, BRADLEY 867 CRANES CT.	Street Address (P.O. Box N	Street Address (P.O. Box Number is Not Acceptable)	
MAITLAND FL 32751			
	City	FL Zip Code	
10. I, being appointed the register day in of the above named liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Signa			
Registered Agent Date Date Date			
11. Names and Street Addresses of Each Managing Member/Manager			
	et Address of Each ging Member/Manager	City / State / Zip	
President Brad Hamman 867 Cranes Co. Moidland, H 3295/			
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12. I certify that I am managing member/manager or the receiver or trust appropriate to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reast to a solution be seen eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 60			
Signature of SIDD 2112 120 150 1-13-0 4 407-62740- 46 86			

Toward an arished seems of signing Managing Managing Managing

Daytime Phone #