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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000014682

Name and Mailing Address

0005021 01 AT 0.292 **AUTO TO 0 0615 33037-230410



O.P.M. COLLECTORS, LLC
10 N. BOUNTY LN.
KEY LARGO FL 33037-2304

MJH



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/12/2002	
Principal Place of Business 10 N. BOUNTY LN. KEY LARGO FL 33037	3. New Principal Place of Business Address	6. FEI Number 35-2176248	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WALTERS, MICHAEL E 10 N. BOUNTY LN. KEY LARGO FL 33037		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		100024184071	
		10/28/03--01007--004 **150.00	
		City	Zip Code
		FL	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 10-20-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Michael E. Walters	10 N. BOUNTY LN	Key Largo FL 33037
MGRM	Gloria M. Walters	10 N. BOUNTY LN	Key Largo FL 33037
MGRM	DAVID BAKOS	208 MARISC AVE	MANHATTAN BEACH CA 90266
REINSTATEMENT 2003			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been 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 have been paid. 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 of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date 10-20-03 Daytime Phone # (305) 852-3741

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)