

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 OCT 22 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # LD6000083378

1. Limited Liability Company's Name

**CREATIVE RECYCLING SYSTEMS OF NORTH CAROLINA,
LLC**

2. Principal Office Address - No P.O. Box #

3110 CHERRY PALM DR.

Suite, Apt. #, etc.

330

City & State

TAMPA, FL

Zip

33619

Country

UNITED STATES

3. Mailing Office Address

3110 CHERRY PALM DR.

Suite, Apt. #, etc.

330

City & State

TAMPA, FL

Zip

33619

Country

UNITED STATES

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/23/2006

6. FEI Number

20-5436411

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

E-mail Address:

600253078486

10/22/13--01003--014 **238.75

MALVARE@CRSRECYCLING.COM

(To be used for future annual report notices)

9. 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

Katie Wonsch

Katie Wonsch,

Assistant Secretary

Date **10/21/2013**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRESIDENT	RICHARD BATES	3110 CHERRY PALM DR., STE. 330	TAMPA, FL 33619
SECRETARY	MANUEL ALVARE	3110 CHERRY PALM DR., STE. 330	TAMPA, FL 33619

REINSTATEMENT

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11. 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. I am 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.

Signature of Managing
Member/Manager

MANUEL ALVARE

Date **10/21/13**

Daytime Phone # **813 621 2319**

Typed or printed name of signing Managing Member/Manager

MANUEL ALVARE

OCT 22 2013

M. WILLIAMS