

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

11 FEB -3 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300193276849
02/03/11--01043--004 **238.75
CR2E041 (1/11)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO9000099679

1. Limited Liability Company's Name

CAPSTONE CREDIT & COLLECTIONS, LLC

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

120 W LUTZ LAKE FERN

Suite, Apt. #, etc.

City & State

LUTZ, FL

Zip

33548

Country

US

3. Mailing Office Address

PO Box 1267

Suite, Apt. #, etc.

City & State

LUTZ, FL

Zip

33548

Country

US

4. State/Country of Formation

US, FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/09

6. FEI Number

27-1101508

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

DOUG W COLLATO

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

120 W LUTZ LAKE FERN RD

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33548

E-mail Address:

CAPSTONECREDIT@VERIZON.NET
(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

Douglas W. Collato

Date

1/28/11

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
MANAGING PARTNER	DOUGLAS W. COLLATO	120 LUTZ LAKE FERN RD W	LUTZ FL 33548
			L. SELLERS
			FEB -7 2011
			EXAMINER

REINSTATEMENT 2011

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

Douglas W. Collato

Date

1/28/11

Daytime Phone #

813-949-0631

Typed or printed name of signing Managing Member/Manager

DOUGLAS W COLLATO