

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 OCT 22 AM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <u>40000069156</u>

1. Limited Liability Company's Name
CREATIVE RECYCLING SYSTEMS OF PENNSYLVANIA, LLC

2. Principal Office Address - No P.O. Box # 3110 CHERRY PALM DR.		3. Mailing Office Address 3110 CHERRY PALM DR.	
Suite, Apt. #, etc. 330		Suite, Apt. #, etc. 330	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33619	Country UNITED STATES	Zip 33619	Country UNITED STATES

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
6/29/2010

6. FEI Number
27-3125762

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

City
Plantation

State
FL

Zip Code
33324

E-mail Address:
000253078280
10/22/13--01003--007 **238.75

MALVARE@CRSERECYCLING.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 808, 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

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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 808.406, 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 **10/24/13** Daytime Phone # **813 821 2319**

Typed or printed name of signing Managing Member/Manager **MANUEL ALVARE**