

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2013 OCT 22 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L12000032472

1. Limited Liability Company's Name

CREATIVE RECYCLING SYSTEMS OF GEORGIA, 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

3/6/2012

6. FEI Number

58-2550505

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:

300253078663  
10/22/13--01003--020 \*\*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

2013-13

S. HAWKES

OCT 22 2013

EXAMINER

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 608.408, 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.917.155, F.S.

Signature of Managing

Member/Manager

*Manuel Alvare*

Date 10/21/13

Daytime Phone # 813 621 2317

Typed or printed name of signing Managing Member/Manager

MANUEL ALVARE