




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 OCT 22 AM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>U2000032475</u>			
1. Limited Liability Company's Name CREATIVE RECYCLING SYSTEMS OF SOUTH FLORIDA, 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 3/6/2012	
6. FEI Number 20-2879991		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee to prepare 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: 400253078324 10/22/13--01003--008 **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, 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 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 		Date 10/21/13 Daytime Phone # 813 621 2314	
Typed or printed name of signing Managing Member/Manager MANUEL ALVARE			

K. ASHTON