

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 OCT 22 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **LI2000032588**

1. Limited Liability Company's Name

**CREATIVE RECYCLING SERVICES, LLC**

CR2E041 (1/11)

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

**3/7/2012**

6. FEI Number

**45-4729295**

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:

**300253078743**  
**10/22/13--01003--022 \*\*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	<b>RICHARD BATES</b>	<b>3110 CHERRY PALM DR., STE. 330</b>	<b>TAMPA, FL 33619</b>
SECRETARY	<b>MANUEL ALVARE</b>	<b>3110 CHERRY PALM DR., STE. 330</b>	<b>TAMPA, FL 33619</b>
			<b>SELLERS</b>
			<b>OCT 22 2013</b>
			<b>OCT 22 2013</b>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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.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**