

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2022 APR 08 PM 0:32

DOCUMENT #

1. Limited Liability Company's Name
L16000064887

CAPITAL RECOVERY SERVICES, LLC

600385873806

2. Principal Office Address - No P.O. Box # 200 Biscayne Boulevard		3. Mailing Office Address 200 Biscayne Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

CR2E041 (1/14)

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent		
Name Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 Hays Street		
Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Eylina Baker
Assistant Vice President

Date 04/08/2022

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Manager	Jacquleen Galofaro, ESQ	200 Biscayne Boulevard	Miami, FL 33131

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member /s/ Jacquleen Galofaro, ESQ Date 04/08/2022

Daytime Phone #

T. WILSON

Typed or printed name of signing authorized representative/member Jacquleen Galofaro, ESQ

APR 08 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 604036 8274187
AUTHORIZATION : ~~XXXXXXXXXX~~
COST LIMIT : \$ 800.00

ORDER DATE : April 8, 2022
ORDER TIME : 1:57 PM
ORDER NO. : 604036-005
CUSTOMER NO: 8274187

DOMESTIC FILINGS

NAME: CAPITAL RECOVERY SERVICES,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - Ext#

EXAMINER'S INITIALS _____