

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
98 NOV 22 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000796

1. Limited Liability Company's Name

Collection Privei L.L.C

2. Principal Office Address

1627 Snow Circle W.

Suite, Apt. #, etc.

City & State

Tampa FL.

Zip

33606

Country

U.S.A.

3. Mailing Office Address

16200 N. W 84th Ave

Suite, Apt. #, etc.

Miami FL.

City & State

Miami Tampa FL. FL.

Zip

33016

Country

U.S.A.

REINSTATEMENT 09

4. State/Country of Formation

FL. U.S.A.

5. Date Organized or Qualified To Do Business in Florida

7/29/1996.

6. FEI Number

59-3401321.

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

State/Country of Formation required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Amira Preiss

Street Address (P.O. Box Number is Not Acceptable)

16200 N. W 84th Ave.

Suite, Apt. #, Etc.

3000030608537-0

-12/06/99--01001--021

\*\*\*\*\*155.00 \*\*\*\*\*155.00

City

Miami

State

FL

Zip Code

33016.

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/27/99

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 |
|--------|-----------------------------------|--|--------------------|
| Mem    | Robert Preiss                     | 16200 N. W 84th Ave Miami                      | Miami FL. 33016    |
| MEM    | Amira Preiss                      | 16200 N. W 84th Ave Miami                      | Miami FL. 33016    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

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.

Signature of Managing Member/Manager

*[Handwritten Signature]* Date 10/27/99 Daytime Phone # (305) 826-133

Typed or printed name of signing Managing Member/Manager

Amira Preiss.

CR2004 (8/99)