PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L98000000348

LIMITED LIABILITY COMPANY REINSTATEMENT

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

01 JUN 20 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000348

1. Limited Liability Company's Name
Collect SouthEast, LLC.
5055 S. US Highway 17-92
Casselberry, Florida 32707

2. Principal Office Address	3. Mailing Office Address
5055 S. US Hwy 17-92	-Same-
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Casselberry	City & State
Zip: 32707 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/19/98

6. FEI Number: 59-3497777 ☐ 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: Harold Scherr

Street Address (P.O. Box Number is Not Acceptable): 5055 South US Highway 17-92

100004434701--0
-06/21/01--01010--002
****200.00 ****200.00

Suite, Apt. #, Etc.

City: Casselberry State: FL Zip Code: 32707

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: [signature] Date: 6/20/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGNM	Steven Ira	5055 S. US Hwy 17-92	Casselberry, Fl 32707
MGNM	Stephanie Ira	5055 S. US Hwy 17-92	Casselberry, Fl 32707
MGNM	Harold Scherr	5055 S. US Hwy 17-92	Casselberry, Fl 32707

REINSTATEMENT 00-01

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.

Signature of Managing Member/Manager: [signature] Date: 6/20/01 Daytime Phone # 407-834-1914

Typed or printed name of signing Managing Member/Manager: Harold Scherr