PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 SEP 10 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # M04000002231

1. Limited Liability Company's Name

Bureau of Recovery, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1813 E. Dyer Road	1813 E. Dyer Road
Suite, Apt. #, etc.: 411	Suite, Apt. #, etc.: 411
City & State: Santa Ana, CA	City & State: Santa Ana
Zip: 92705 Country: USA	Zip: 92705 Country: USA

4. State/Country of Formation: California, USA

5. Date Organized or Qualified To Do Business in Florida: 01/10/2002

6. FEI Number: 33-0991196 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

500183362355
09/14/10--01001--009 **637.50

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] Yadira Garcia Assistant Secretary Date: 6/30/2010

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
MGR	Farshid Danny Vahid	1813 E. Dyer Rd., Suite 411	Santa Ana, CA 92705
		500183362355 07/15/10--01036--004 **100.00	
	REINSTATEMENT -05-10		

11. E-mail Address: (To be used for future annual report notifications)

12. 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: [signature] Date: 7/8/10 Daytime Phone #: (866) 753-0300

Typed or printed name of signing Managing Member/Manager:

CL

932.50