

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N18164

**FILED**  
**Apr 01, 2013**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE RECOVERY SERVICES, INC.

**Current Principal Place of Business:**

2001 N DIXIE HWY  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

310 SE 6 STREET  
DANIA BEACH, FL 33004

**New Mailing Address:**

**FEI Number:** 65-0079442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIAZ, JESSENIA  
712 SW 75 WAY  
NORTH LAUDERDALE, FL 33068 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MICHAEL DIAZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P/D  
**Name:** DIAZ, MICHAEL  
**Address:** 5840 SW 37 AVE  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** V/D  
**Name:** DIAZ, JENNIFER  
**Address:** 5840 SW 37 AVE  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** S/D  
**Name:** WEISMAN, DAVID  
**Address:** 5840 SW 37 AVE  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** T/D  
**Name:** LEFKOWITZ, JEROME  
**Address:** 712 SW 75 WAY  
**City-St-Zip:** NORTH LAUDERDALE, FL 33068

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL DIAZ

PD

04/01/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date