PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
03 DEC 11 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000039501

1. Corporation Name

DEBT, LOCATION & RECOVERY, INC.

REINSTATEMENT 03

500025399845
12/10/03--01068--012 **758.75

2. Principal Office Address	3. Mailing Office Address
2090 Palm Beach Lakes Blvd.	2090 Palm Beach Lakes Blvd.
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.: Suite 900
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33409 Country: USA	Zip: 33409 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: April 11, 2002

5. FEI Number: 75-3040569 — Applied For: ☐ Not Applicable: X

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Kyle R. Arneson

Street Address (P.O. Box Number is Not Acceptable): 2090 Palm Beach Lakes Blvd.

Suite, Apt. #, Etc.: Suite 900

City: West Palm Beach — State: FL — Zip Code: 33409

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: K.R. Arneson — Date: December 8, 2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,T	Kyle R. Arneson	2090 Palm Beach Lakes Blvd. Ste. 900	West Palm Beach, FL 33409
D	Carl D. MacBride	2090 Palm Beach Lakes Blvd. Ste. 900	West Palm Beach, FL 33409
C	Richard C. Williams	26001 Osprey Nest Court	Bonita Springs, FL 34134

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: K.R. Arneson — Kyle R. Arneson — December 8, 2003 — (954)815-6260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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