

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000129960

**FILED**  
**Oct 27, 2014**  
**Secretary of State**

**Entity Name:** CAPITAL ASSET RECOVERY SPECIALISTS INC.

**Current Principal Place of Business:**

2390 NW 147 STREET  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

20302 SW 321 STREET  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 26-1528635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE LA ROSA, ALBERTO J JR  
20302 SW 321 STREET  
HOMESTEAD, FL 33030 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:** ALBERTO DE LA ROSA

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** M  
**Name:** DE LA ROSA, ALBERTO  
**Address:** 20302 SW 321 STREET  
**City-St-Zip:** HOMESTEAD, FL 33030

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ALBERTO DE LA ROSA

M

10/27/2014

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

\_\_\_\_\_  
Date