

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR 14 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



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

DOCUMENT # **P96000098381**

1. Corporation Name  
Collection and Financial Services, Inc.

300005183649--3  
-04/02/02--01061--005  
\*\*\*1350.00 \*\*\*1350.00

**REINSTATEMENT 98-02**

2. Principal Office Address 150 SE 2nd Avenue		3. Mailing Office Address 701 Brickell Avenue	
Suite, Apt. #, etc. 1110		Suite, Apt. #, etc. 3000	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1996

5. FEI Number 65-0726320

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)  
701 Brickell Avenue

Suite, Apt. #, Etc.  
3000

City  
Miami

State  
FL

Zip Code  
33131

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 [Signature], VP for Intrastate Registered Agent Corp.  
REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD ST	Manuel Menendez	150 S.E. 2nd Avenue Suite 1110	Miami, FL 33131

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)(f), 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: [Signature], Manuel Menendez 3/12/02 (305)374-0025

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

CELEST (901)