

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 SEP 15 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S18747

1. Corporation Name

COLLECTIONS U. S. A., INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

12515 N. Kendall Drive

Suite, Apt. #, etc.
Suite 300

City & State
Miami, Florida

Zip
33186

Country
USA

3. New Mailing Office Address, If Applicable

12515 N. Kendall Drive

Suite, Apt. #, etc.
Suite 300

City & State
Miami, Florida

Zip
33186

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P, D	Ralph Nunez, Jr.	12515 N. Kendall Dr. Suite #300	Miami, Florida 33186
			900002294739--5 -09/16/97--01078--013 ***1088.75 ***1088.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Ralph Nunez, Jr.

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

12515 N. Kendall Drive

Suite, Apt. #, Etc.

Suite #300

City

Miami

State
FL

Zip Code
33186

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Ralph Nunez, Jr.

REGISTERED AGENT MUST SIGN

Date 09/09/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Ralph Nunez, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Nunez, Jr.

09/09/97 (305) 596-7456

Date

Daytime Phone #

CR2E040 (12/96)