


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 25 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000104050			
1. Entity Name DEBTIVISTA, INC.			
Principal Place of Business 13573 KILTIE COURT DELRAY BEACH, FL 33446 US		Mailing Address 13573 KILTIE COURT DELRAY BEACH, FL 33446 US	
2. Principal Place of Business 14000 Military Trail		3. Mailing Address	
Suite, Apt. #, etc. 203 B		Suite, Apt. #, etc.	
City & State Delray Beach FL		City & State	
Zip 33484	Country FLMBeach	Zip	Country
5. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent REINSTATEMENT	
8. 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. I am familiar with, and accept the obligations of, registered agents.		4. FEI Number 20-0284399	
SIGNATURE <i>Susan P. Clark</i>		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
FILE NOW!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVINGER, ROBERT 5 LIBERTY LANE MILLER PLACE, NY 11764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/25/04 01088 010-450.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Robert Lovinger</i>		10-18-04 800-260-4231	

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