

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 OCT 19 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *05-07*

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000142392

1. Corporation Name

SUCCESS CREDIT SCORES

2. Principal Office Address - No P.O. Box #
7920 SW 12 STREET

3. Mailing Office Address
7920 SW 12 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33144

Country
US

Zip
33144

Country
US

4. Date Incorporated or Qualified To Do Business in Florida
10/15/2004

5. FEI Number Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
KRISTOPHER ELLIOTT

Street Address (P.O. Box Number is Not Acceptable)
9731 FOTNAINEBLEAU BLVD

Suite, Apt. #, Etc.
210

City
MIAMI FLORIDA

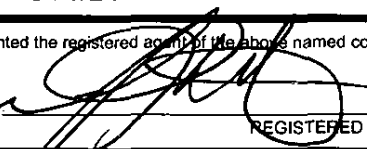
State
FL

Zip Code
33172

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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



REGISTERED AGENT MUST SIGN

Date
OCTOBER 16 2007

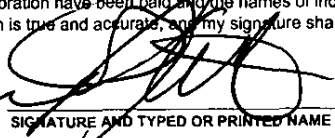
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BARBAROS ROJAS	7920 SW 12 STREET	MIAMI FLORIDA 33144
VP	KRISTOPHER ELLIOTT	9731 FOTNAINEBLEAU BLVD	MIAMI FLORIDA 33172

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10/19/07--01055--018 **450.00

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 contained in Chapter 119, 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:



KRISTOPHER ELLIOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 16 2007

Date

3059718272

Daytime Phone #

10/22/07