

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION
REINSTATEMENT
2002 UBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 27 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F0000 0005827

1. Corporation Name

CONSUMER CREDIT SOLUTIONS INC.

700008138437--5
-10/02/02--01003--011
****150.00 ****150.00

2. Principal Office Address

9083 RUTLEDGE AVE

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 810697

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33434

Country

USA

Zip

33481

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/00

5. FEI Number

52-2269534

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

COVE & ASSOCIATES, P.A.

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

225 SOUTH 21ST AVE

Suite, Apt. #, Etc.

City

HOLLY WOOD

State

FL

Zip Code

33020

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

Date

REGISTERED AGENT MUST SIGN

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
PRES	VASILIOS KOUTSOGIANNIS	9083 RUTLEDGE AVE	BOCA RATON FL 33434

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-02

Date

561-350-0500

Daytime Phone #

CR2E081 (8/01)

2002

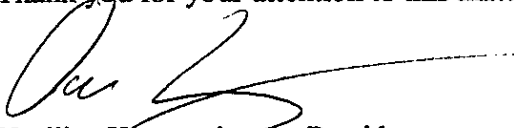
CONSUMER CREDIT SOLUTIONS INC.
9083 RUTLEDGE AVE.
BOCA RATON, FL 33434

Ms. Michele Milligan, Examiner
Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399
September 17, 2002

Dear Ms. Milligan,

As per our conversation today I am enclosing the form to renew the UBR for 2002. The reason for filing late is because we have never received the previous UBR forms earlier this year . We appreciate the waiver of late fees and enclosed are filing fees of \$150.00.

Thank you for your attention to this matter,



Vasilios Koutsogiannis, President.