

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY 12 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02 000003822

1. Corporation Name

Creditron Corporation

2. Principal Office Address - No P.O. Box #

15800 Crabbs Branch Way

Suite, Apt. #, etc.

210

City & State

Rockville, MD

Zip

20855

Country

USA

3. Mailing Office Address

15800 Crabbs Branch Way

Suite, Apt. #, etc.

210

City & State

Rockville, MD

Zip

20855

Country

USA

900180785369
05/12/10--01037--001 **1508.75

REINSTATEMENT 05-10

4. Date Incorporated or Qualified To Do Business in Florida

Nov 1, 1997

5. FEI Number

36-4191602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Service, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

41

City

Weston

State

FL

Zip Code

33331

PROFIT CORPORATIONS ONLY

The \$600.00 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

Surf & Turf Asst. Sec.
REGISTERED AGENT MUST SIGN

Date *5/11/2010*

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
<i>P/O</i>	<i>Ewald Vogel</i>	<i>100-2265 Upper Middle Rd East</i>	<i>Oakville/Ont. L6H0G5</i>
<i>VP</i>	<i>Debbie Barrafato</i>	<i>100-2265 Upper Middle Rd East</i>	<i>Oakville, Ont L6H0G5</i>
<i>C/O</i>	<i>Thomas O'Hara</i>	<i>41 South High Street</i>	<i>Columbus, OH 43287</i>

10. E-mail Address: *dbarrafato@creditron.com*

(To be used for future annual report notification)

11. 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. I further certify, 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:

Debbie Barrafato, Debbie Barrafato

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/10

Date

1-888-721-9570

Daytime Phone #

5/13/10