PLEASE READ ALL INSTRUCTIONS BEFORE

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000004322

1. Corporation Name

Credit Card Receivables Fund Incorporated

REINSTATEMENT

CR2E081 (1/07) 0607

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
10625 Techwoods Circle		10625 Techwoods Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Cincinnati, OH		Cincinnati, OH	
Zip	Country	Zip	Country
45242	USA	45242	USA

4. Date Incorporated or Qualified To Do Business in Florida 7/26/2004

5. FEI Number 31-1363256 ☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

☐ 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 617.0505, F.S.

Signature of Registered Agent: Stacia L. Taylor — Date: 11/1/07

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
P/S/D	David G. Rosenberg	10625 Techwoods Circle	Cincinnati, OH 45242
COO	Steven Warshaw	10625 Techwoods Circle	Cincinnati, OH 45242
VP/AS	Henry N. Thoman	10625 Techwoods Circle	Cincinnati, OH 45242

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: Henry N. Thoman, VP & Asst. Sec — 11/1/07 — 513 489-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 1/12/07 C T System Online

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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CORPORATION REINSTATEMENT

CREDIT CARD RECEIVABLES FUND INCORPORATED

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$908.75