

F11000002583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

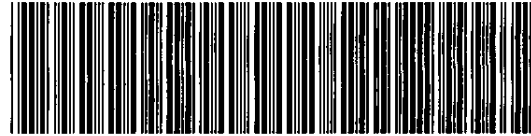
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2011 JUN 22

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE CREDIT PROS INTERNATIONAL CORPORATION

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DAMON DeCRESCENZO

Name of Person

THE CREDIT PROS INTERNATIONAL CORPORATION

Firm/Company

60 PARK PLACE, SUITE 200

NEWARK, NEW JERSEY 07102

Address

City/State and Zip code

JASON@THECREDITPROSINTL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damon DeCrescenzo

Name of Person

at (800) 411-3050

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. THE CREDIT PROS INTERNATIONAL CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. STATE OF NEW JERSEY

(State or country under the law of which it is incorporated)

3.

(FBI number, if applicable)

4. FEBRUARY 10, 2011

(Date of incorporation)

5.**PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. Not Applicable

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 60 PARK PLACE, SUITE 200, NEWARK, NEW JERSEY 07102

(Principal office address)

60 PARK PLACE, SUITE 200, NEWARK, NEW JERSEY 07102

(Current mailing address)

8. CREDIT RESTORATION SERVICES

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **STEVEN KAPLAN**

Office Address: **19920 NE 22nd AVENUE**

NORTH MIAMI BEACH

(City)

, Florida 33180

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Steven Kaplan

(Registered agent's signature)

6/16/11

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DAMON DeCRESCENZO

Address: 60 PARK PLACE, SUITE 200

NEWARK, NEW JERSEY 07102

Vice President: JASON M. KAPLAN

Address: 60 PARK PLACE, SUITE 200

NEWARK, NEW JERSEY 07102

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. DAMON DeCRESCENZO, PRESIDENT

(Typed or printed name and capacity of person signing application)

FILED
2011 JUN 21 PM 4:50
CLERK OF SUPERIOR COURT
NEWARK, NEW JERSEY

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING

THE CREDIT PROS INTERNATIONAL CORPORATION

0400270821

With the Previous or Alternate Name

KAPLAN & ASSOCIATES (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on February 10, 2009.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2011

I further certify that the registered agent and registered office are:

Jason M. Kaplan, Esq.
60 Park Place, Suite 200
Newark, NJ 07102



Certification# 120753701

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
16th day of June, 2011

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp