

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 27 AM 11:40

DOCUMENT # F97000001805

1. Corporation Name

Credit Collection Services FL, Inc.

2. Principal Office Address

900 University Blvd. N.

Suite, Apt. #, etc.

Suite 608

City & State

Jacksonville, FL

Zip

Country

32211

USA

3. Mailing Office Address

P. O. Box 8928

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

Country

32239

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-1-97

5. FEI Number

59-3433854

Applied For

X 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

Larry J. Johnson

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

900 University Blvd. N.

Suite, Apt. #, Etc.

Suite 608

City

Jacksonville

State

FL

Zip Code

32211

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

Larry J. Johnson

REGISTERED AGENT MUST SIGN

Date 12-22-00

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 | Larry J. Johnson | 900 University Blvd. N. | Jacksonville, FL 32211 |
| V | David Freitag | 3 E. Montgomery Crossroads | Savannah, GA 31420 |
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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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-00

Date

(904) 744-3440

Daytime Phone #

CR2E001 (9/99)