

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J89255

1. Corporation Name

CENTRAL CREDIT SERVICES, INC.

Principal Place of Business

9550 REGENCY SQUARE BLVD #602
JACKSONVILLE FL 32225
US

Mailing Address

9550 REGENCY SQUARE BLVD #602
JACKSONVILLE FL 32225
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

00 OCT 19 AM 11:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

CO

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1987

5. FEI Number

59-2834638

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DURANTE, PETER G.	9550 REGENCY SQUARE BLVD STE 602	JACKSONVILLE FL 32225
D	DURANTE, MARIE	9550 REGENCY SQUARE BLVD STE 602	JACKSONVILLE FL 32225
D	DURANTE, JEFFREY J.	9550 REGENCY SQUARE BLVD STE 602	JACKSONVILLE FL 32225
			800003447008--0
			-11/01/00-01058-001
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

SLAGLE, SUSAN
4190 BELFORT ROAD
SUITE 240
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name
Susan Slagle, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1201 San Amaro Road
Suite, Apt. #, Etc.
City
Jacksonville
State
FL
Zip Code
32207

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/17/00

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00
Date

Daytime Phone #

KE