

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 FEB 14 AM 11:08

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 204000036639

**1. Limited Liability Company's Name**  
CREDIT CLINIC LLC

**2. Principal Office Address**  
3300 Rice St.  
Suite, Apt., #, etc. Suite # 3  
City & State Coconut Grove  
Zip FL Country U.S.A.

**3. Mailing Office Address**  
3300  
Suite, Apt., #, etc. Suite # 3  
City & State Coconut Grove  
Zip FL Country U.S.A.

500066840005  
02/28/06--01060--001 \*\*200.00  
CR2E041 (8/05)

**4. State/Country of Formation**  
FL, U.S.A.

**5. Date Organized or Qualified To Do Business in Florida**  
05-14-04

**6. FEI Number**  
30-0252240

**7. CERTIFICATE OF STATUS DESIRED**  \$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name Alejandro J. Hernandez  
Street Address (P.O. Box Number is Not Acceptable) 3300 Rice St  
Suite, Apt. #, Etc. Suite # 3  
City Coconut Grove  
State FL Zip Code

500066840005  
02/28/06--01060--002 \*\*5.00

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of Registered Agent  Date 02/09/06

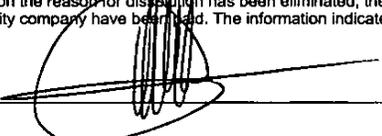
REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Alejandro J. Hernandez	3300 Rice St., Suite # 3	Coconut Grove, FL 33133
MGR	Christopher A. Augustin	33 Rice St., Suite # 3	Coconut Grove, FL 33133

REINSTATEMENT 05-06

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date 02/09/06 Daytime Phone# 305-300-4813

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_