

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 #

1. Limited Liability Company's Name

204000036639

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.

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

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

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

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

REGISTERED AGENT MUST SIGN

Date

02/09/06

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