FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 MAR -7 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10831

1. Corporation Name

ONLY DEBITS & CREDITS, INC.

REINSTATEMENT ~~92-05~~

2. Principal Office Address	3. Mailing Office Address
7548 CANAL DR.	7548 CANAL DR.
Suite, Apt. #, etc.	Suite, Apt. # etc.
City & State: LAKE WORTH	City & State: LAKE WORTH, FL
Zip: 33467 Country:	Zip: 33467 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 02/01/1985

5. FEI Number: 592495278 ✔ Applied For / 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: TRACY S. FELDERWERTH

Street Address (P.O. Box Number is Not Acceptable): 7548 CANAL DR.

Suite, Apt. #, Etc.

City: LAKE WORTH State: FL Zip Code: 33467

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~~03/23/05--01034--007~~ ***700.00

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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: [signature] REGISTERED AGENT MUST SIGN Date: 3/4/05

CR2E081 (10/02)

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
D,P-	TRACY S. FELDERWERTH	7548 CANAL DR.	LAKE WORTH, FL 33467

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] TRACY S. FELDERWERTH 03-04-05 561-315-1061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #