FILED

02 JUN 13 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT 01-02

DOCUMENT # N00000002240

Entity Name

FORECLOSURE COUNSELING AGENCY, INC.

Principal Place of Business	Mailing Address
1401 S. MILITARY TR. STE. C-4 W. PALM BEACH FL 33415	1401 S. MILITARY TR. STE. C-4 W. PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business	2. Mailing Address
1000 So. Military Trail Ste F	1000 So. Military Tr. Ste F
Suite, Apt. #, etc.	Suite, Apt. #, etc.
West Palm Beach, FL	WPB FL
City & State	City & State
33415 Palm Bch	33415 Palm Bch
Zip / County	Zip / Country

4. FEI Number 65-1004035 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMS, BRYANT ESQ
7301 S. DIXIE HWY.
W. PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name: Robert C. Gundel JR. P.A.
Street Address (P.O. Box Number is Not Acceptable): 1850 Forest Hill Blvd #103
City: WPB FL Zip Code: 33406

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE X [signature] 4/15/02
(Signature, name of person signing, capacity or authority, and date required. NOTE: Registered Agent's signature required when reinstating.) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST FALSIA, JOSEPH III 621 P ST. W. PALM BEACH FL 33401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400006053254--2 -06/26/02--01084--011 ****297.50 ****297.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MITCHELL, PAMLETTA 621 P ST. W. PALM BEACH FL 33401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	236.25 -Adm 61.25-AR ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANNette FAISIA 2421 Village Blvd #404 WPB, FL 33404 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] [signature]