

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -7 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000131

1. Corporation Name

National Association of Credit Counseling, Inc.

REINSTATEMENT 03

000023608570
10/07/03--01009--016 **245.00

2. Principal Office Address

1860 N Pine Island Rd

3. Mailing Office Address

Suite, Apt. #, etc.

#115

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Zip

33322

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/27/2000

5. FEI Number

65-1066050

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

Laurence J. Smith, P.A.

Street Address (P.O. Box Number is Not Acceptable)

800 SE 3rd Ave

Suite, Apt. #, Etc.

4th Floor

City

Ft. Lauderdale

State

FL

Zip Code

33316

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

Laurence J. Smith

REGISTERED AGENT MUST SIGN

Date

10/1/03

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 |
|--------|--------------------------------------|---|----------------------|
| P/T/D | Nadine Smith | 1860 N Pine Island Rd, Suite 115 | Plantation, FL 33322 |
| V/S/D | Laurence Smith | 1860 N Pine Island Rd, Suite 115 | Plantation, FL 33322 |
| V/D | Trevor Rhodes | 1860 N Pine Island Rd, Suite 115 | Plantation, FL 33322 |
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| | | | |

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:

Laurence J. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/03

Daytime Phone #

CR2E081 (10/02)

71 10/8