

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO1000001427*

1. Corporation Name *AMERICAN DEBT SOLUTIONS, INC.*

2. Principal Office Address

3075 S. FEDERAL HWY

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33483

Country

US

3. Mailing Office Address

3075 S. Federal Hwy

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33483

Country

US

REINSTATEMENT *02*

4. Date Incorporated or Qualified

To Do Business in Florida *MARCH 1, 2001*

5. FEI Number

31-1776611

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

SPIEGEL & UTRERA, PA

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

1840 Southwest 22 Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

500009351505

*12/04/02--01053--012 **8.75*

500009351505

*12/04/02--01053--013 **236.25*

State

FL

Zip Code

33145

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

SPIEGEL & UTRERA, PCA.

By:

Natalia Utrera, Vice President

Date

11/20/02

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
DIR	<i>BURT KROMER</i>	<i>6474 Enclave Way</i>	<i>Boca Raton FL 33496</i>
DIR	<i>THOMAS HODGSON</i>	<i>8540 NW 53rd ST</i>	<i>Boca Raton 33496</i>
DIR	<i>SHELLY SWETNAM</i>	<i>8267 Bermuda Sound Way</i>	<i>Boynton Beach FL 33436</i>

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:

Shelly Swetnam *SHELLY SWETNAM*

11-12-02

Date

561272 2266

Daytime Phone #

CR2E081 (9/01)