

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:31

DOCUMENT # **N01000004540**

1. Corporation Name

CONSUMER DEBT MANAGEMENT SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

500 FAIRWAY DRIVE
SUITE 108
DEERFIELD BEACH FL 33441

500 FAIRWAY DRIVE
SUITE 108
DEERFIELD BEACH FL 33441

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1117625

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D, P	CARPINIELLO, MARC STEPHEN D. MARCUS	3275 W HILLSBORO BLVD STE 206 500 FAIRWAY DR., STE 108	DEERFIELD BEACH FL 33442 DEERFIELD BEACH, FL 33441
D	GERARD, PAUL JUDI LISBIN	3275 W HILLSBORO BLVD STE 206 500 FAIRWAY DR., STE 108	DEERFIELD BEACH FL 33442 DEERFIELD BEACH, FL 33441
D	LEON, DEREK RENE CARNOTO, JR.	3275 W HILLSBORO BLVD STE 206 500 FAIRWAY DR., STE 108	DEERFIELD BEACH FL 33442 DEERFIELD BEACH, FL 33441

400023867264
10/17/03--01004--015 **245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCUS, STEPHEN D
500 FAIRWAY DRIVE, SUITE 108
DEERFIELD BEACH FL 33441

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Stephen D. Marcus
REGISTERED AGENT MUST SIGN

Date

10/15/03

11. 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:

Stephen D. Marcus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03
Date

954-420-0402
Daytime Phone #

CR2E040 (7/03)