

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 30 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000005643

1. Corporation Name

Creditcare Foundation, Inc.

REINSTATEMENT 02

2. Principal Office Address

4400 N. Federal Hwy.

Suite, Apt. #, etc.

401

City & State

Boca Raton, Florida

Zip

33431

Country

USA

3. Mailing Office Address

4400 N. Federal Hwy.

Suite, Apt. #, etc.

401

City & State

Boca Raton, Florida

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

August 9, 2001

5. FEI Number

31-1794519

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

Anthony G. Coleman, Jr.

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

4400 N. Federal Highway

Suite, Apt. #, Etc.

401

City

Boca Raton

State

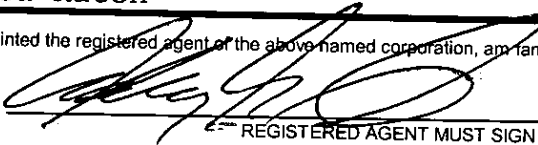
FL

Zip Code

33431

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



REGISTERED AGENT MUST SIGN

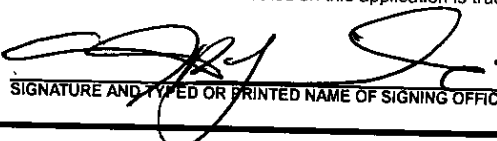
Date 9/23/02

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	Tony Jurasinski	4400 N. Fed'l Hwy #401	Boca Raton, Fl. 33431
Dir	Adrienne Short	4400 N. Fed'l Hwy #401	Boca Raton, Fl. 33431
Dir	Renee Schnur	4400 N. Fed'l Hwy #401	Boca Raton, Fl. 33431

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/23/02

Daytime Phone #

561-955-8728