



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 SEP -7 PM 3:21

SECRETARY OF STATE
600059381746
09/07/05--01010--022 **367.50

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *NO1000005759*

1. Corporation Name
CENTER FOR CREDIT COUNSELING SERVICES, INC.

2. Principal Office Address
1015 W. Newport Center Drive

Suite, Apt. #, etc.
106

City & State
Deerfield Beach, Florida

Zip
33442

Country
United States

3. Mailing Office Address
P.O. Box 291748

Suite, Apt. #, etc.

City & State
DAVIE, Florida

Zip
33328

Country
United States

4. Date Incorporated or Qualified
To Do Business in Florida August 14, 2001

5. FEI Number
65-1129735

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
Arthur N. Razor, Esq.

Street Address (P.O. Box Number is Not Acceptable)
3900 Hollywood Boulevard

Suite, Apt. #, Etc.
302

City
Hollywood

State Zip Code
FL 33021-0021

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 *Arthur N. Razor*
REGISTERED AGENT MUST SIGN

Date September 2, 2005

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.	Allen, Bernard	1015 West Newport Center Drive	Deerfield Beach, FL 33442
Dir.	Chamber, Cheryl	1015 West Newport Center Drive	Deerfield Beach, FL 33442
Dir.	<i>ALBERT RAPAPORT</i>	<i>4200 N.W. 26th Way</i>	<i>BOCA RATON, FL 33434</i>

REINSTATEMENT *03-05*

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: *Cheryl Chamber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 2, 2005 (954)312-1166
Date Daytime Phone #

CR2E081 (01/01)