## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION   |
|---------------|
| REINSTATEMENT |



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

## **DOCUMENT#** N01000006186

1. Corporation Name

FLORIDA CHAPTER OF THE SOCIETY OF CONSUMER AFFAIRS PROFESSIONALS IN BUSINESS, INC.

| 2. Principal Office A      | ddress .       | 3. Mailing Office Address  |                |
|----------------------------|----------------|----------------------------|----------------|
| 526 Eas                    | t Park Ave.    | 675 N. Wa                  | shington St    |
| Suite, Apt. #, etc.<br>200 |                | Suite, Apt. #, etc.<br>200 | MEMO           |
| City & State               |                | City & State               |                |
| Tallahassee, FL            |                | Alexandria, VA             |                |
| Zip<br>32301               | Country<br>USA | Zip<br>22314               | Country<br>USA |
|                            |                |                            |                |

FILED
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

1/18/03-01053-001 \*\*61.25

4. Date Incorporated or Qualified To Do Business in Florida Aug. 29, 2001

5.-FEI Number Applied For Not Applied For Not Applied De Not Applied For Not Applied For Not Applied For Not Applied De Not Applied For Not Applied

CERTIFICATE OF STATUS DESIRED S

\$8.75 Additional Fee required for a Certificate of Status

|            | 7. Name and Address of Current Registered Agent              | r, |
|------------|--|----|
| Name       | HIQ Corporate Services, Inc.                                 |    |
| Street Add | dress (P.O. Box Number is Not Acceptable) 526 East Park Ave. |    |
| Suite, Apt | t.#, Etc.<br>200   |    |
| City       | Tallahassee State Zip Code FL 32301                          |    |

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 By

Springer &

STERED MENT MUST SIGN

z Secretary

Date 2/10/2003

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

| Titles        | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director    | City / State / Zip        |
|---------------|--------------------------------------|--|---------------------------|
| Pres/<br>Dir  | Keith Gallant                        | GBA Customer Care<br>4920 Conference Way S #8        | Boca Raton, FL 33444      |
| VP/<br>Dir    | James E. Tisdale                     | Consol. Credit Couns. Svcs. 5701 W. Sunshine Blvd.   | Fort-Lauderdale, FL 33313 |
| VP/<br>Dir    | Tami Harris                          | WebSphere Software Group<br>3901 - 48th Avenue South | St. Petersburg, FL 33711  |
| Sec/<br>Dir   | Dorothy Georges                      | Carnival Cruise Lines<br>3655 N.W. 87th Avenue       | Miami, FL 33178-2428      |
| Treas/<br>Dir | Arthúr Hutchinson                    | Dollar Rent A Car<br>2002 N. Lois Avenue             | Tampa, FL 33607           |
|               |                                      |  |                           |

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 filling 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: X

Arthur Autchinson

2/14/03

(813) 673-3433

Daytime Phone #

CR2E081 (10/02)

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