

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO2000004824**

1. Corporation Name

**PROFESSIONAL CREDIT CONSULTANTS, INC.**

2. Principal Office Address

**4699 N. STATE ROAD 7**

Suite, Apt. #, etc.

**SUITE D**

City & State

**TAMARAC, FL**

Zip

**33319**

Country

**USA**

3. Mailing Office Address

**4699 N. STATE ROAD 7**

Suite, Apt. #, etc.

**SUITE D**

City & State

**TAMARAC, FL**

Zip

**33319**

Country

**USA**

600025731076

12/23/03--01034--033 \*\*61.25

**REINSTATEMENT 2003 WOP**

4. Date Incorporated or Qualified  
To Do Business in Florida

**6/24/02**

5. FEI Number

**01-0731977**

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

**SHAWN FRY**

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

**4699 N. STATE ROAD 7**

Suite, Apt. #, Etc.

**SUITE D**

City

**TAMARAC**

State

**FL**

Zip Code

**33319**

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

Date

REGISTERED AGENT MUST SIGN

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
PSD	SHAWN FRY	4699 N. STATE ROAD 7, SUITE D	TAMARAC, FL 33319

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHAWN FRY  
PRESIDENT**

**12/18/03**

Date

Daytime Phone #

**(954) 484-4634**

CR-2081 (10/02)

2052

PROFESSIONAL CREDIT CONSULTANTS, INC.

4699 N. State Road 7  
Tamarac, FL 33319

December 16, 2003

Division of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Professional Credit Consultants, Inc.

Dear Sir/Madam:

Enclosed is our application with a check for \$61.25 to cover the unpaid Uniform Business Report fee.

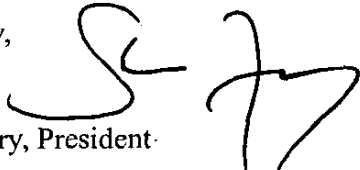
My company is a small non-profit corporation which has been going through growing pains over the last year. Unfortunately I was unfamiliar with the due date, that the State of Florida has requiring the filing of the Uniform Business Report since it was our first year of operation. The company never received any forms or notices regarding this report, which at least would have notified us that we needed to file.

We recently hired a C.P.A. who brought to our attention that the report was due, we immediately called the Division of Corporations in order to determine the address where my paperwork was being mailed. Unfortunately the applications were never mailed to us and now we are faced with a possible penalty for this report.

I am requesting your understanding of the events that took place, and would appreciate it if the \$175.00 penalty fee be waived, as at this time any additional fees would be a hardship on my company's cash flow.

Thanking you in advance for your help in this matter.

Sincerely,

  
Shawn Fry, President