2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2004
Secretary of State

DOCUMENT# N02000009782

Entity Name: CONSUMER DEBT COUNSELING SERVICES, CORP.

Current Principal Place of Business:

102 NE 2 STREET, #168
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

102 NE 2 STREET, #168
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 57-1147760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARVAJAL, ESTELLA B
503 S.E. MIZNER BLVD.
SUITE 73
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARVAJAL, ESTELLA B
Address: 503 S.E. MIZNER BLVD., SUITE 73
City-St-Zip: BOCA RATON, FL 33432

Title: VPD ( ) Delete
Name: DIANA, CANAS
Address: 503 S.E. MIZNER BLVD., SUITE 73
City-St-Zip: BOCA RATON, FL 33432

Title: SD ( ) Delete
Name: VERGEL, JHON
Address: 503 S.E. MIZNER BLVD., SUITE 73
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTELLA CARVAJAL PD 10/22/2004
Electronic Signature of Signing Officer or Director — Date