PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

H03000142947
FILED
03 MAY -7 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003448

1. Corporation Name

E-CREDIT COUNSELORS, INC.

2. Principal Office Address	3. Mailing Office Address
2131 Hollywood Blvd.	c/o Tripp Scott, P.A.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 203	110 SE 6th St., 15th FL
City & State	City & State
Hollywood, FL	Ft. Lauderdale, FL
Zip / Country	Zip / Country
33020 / US	33301 / US

4. Date Incorporated or Qualified To Do Business in Florida: 12/17/2001

5. FEI Number: XX 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: Tanya L. Bower, Esq.

Street Address (P.O. Box Number is Not Acceptable): 110 SE 6th Street

Suite, Apt. #, Etc.: 15th Floor

REINSTATEMENT 02-BTS

City: Fort Lauderdale | State: FL | Zip Code: 33301

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: [signature] REGISTERED AGENT MUST SIGN Date: 5/7/03

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
D	Bernstein, Alan S.	2131 Hollywood Blvd., Ste.203	Hollywood, FL 33020
D	Spies, Cindy	8735 NW 17th Manor	Coral Springs, FL 33071
D	Abbate, Franco	4331 NW 109th Terrace	Sunrise, FL 33351

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] Franco Abbate — 4/25/2003 — 954-377-1588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000142947 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

#991113.0001

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

CORPORATION REINSTATEMENT

E-CREDIT COUNSELORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$297.50