

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000001716

**FILED**  
**Aug 14, 2012**  
**Secretary of State**

**Entity Name:** ASSOCIATION OF CREDIT COUNSELING PROFESSIONALS, INC.

**Current Principal Place of Business:**

3050 KEVLIN COURT  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

3050 KEVLIN COURT  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**FEI Number:** 27-1343901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE COMPLIANCE ALLIANCE, LLC  
3050 KEVLIN COURT  
SAFETY HARBOR, FL 34695 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:** JUDITH R. SORENSEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GRAVES, RUSSELL  
**Address:** 3050 KEVLIN COURT  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** D  
**Name:** LYNCH, MARTIN  
**Address:** 3050 KEVLIN COURT  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** D  
**Name:** SHER, HILTON  
**Address:** 3050 KEVLIN COURT  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** D  
**Name:** SORENSEN, JUDITH R  
**Address:** 3050 KEVLIN COURT  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** D  
**Name:** MILLER, ROBERT  
**Address:** 3050 KEVLIN COURT  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** D  
**Name:** SMITH, SHELDON  
**Address:** 3050 KEVLIN COURT  
**City-St-Zip:** SAFETY HARBOR, FL 34695

I hereby 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 all other like empowered.

**SIGNATURE:** JUDITH R. SORENSEN

D

08/14/2012

Electronic Signature of Signing Officer or Director

Date