

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 FEB -4 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N19094

1. Corporation Name

Consumer Credit Counseling
Service of Mid-Florida Inc.

2. Principal Office Address

1539 NE 22 Avenue

3. Mailing Office Address

PO Box 4110

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34470

Country

USA

Zip

34478

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-4-1987

5. FEI Number

59-2765540

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100009942761
01/08/03--01820--005200726, 25
REINSTATEMENT *94-03*

7. Name and Address of Current Registered Agent

Name

Bryce W. Ackerman

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

125 NE 1 Avenue

Suite, Apt. #, Etc.

#1

City

Ocala

State

FL

Zip Code

34470

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 12/23/02

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
	SEE ATTACHED LIST		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORAL BLACKMON
VICE-PRESIDENT

Date

Daytime Phone #

12-20-02

js 2/10/03

CR2E081 (9/01)

Consumer Credit Counseling Service of Mid-Florida

OFFICERS/DIRECTORS
(Effective 1-1-03)

D/C	Don Spotts	615 E. Silver Spgs. Blvd.	Ocala, Fl. 34470
D/CE	Gary Leist	1700 SE 17 th St.	Ocala, Fl. 34471
D/PC	Hugh Dailey	1603 SW 19 th Ave	Ocala, Fl. 34474
D/ST	Cherritta Prince	1539 NE 22 Ave	Ocala, Fl. 34470
P/D	Rick Tuman	1539 NE 22 Ave	Ocala, Fl. 34470
V	Oral Blackmon	1539 NE 22 Ave	Ocala, Fl. 34470
D	Bryce Ackerman	125 NE 1 st Ave	Ocala, Fl. 34470
D	Elmer Cunningham	424 NE 37 th Ave	Ocala, Fl. 34470
D	Dan Hettinger	203 E. Silver Spgs Blvd	Ocala, Fl. 34470
D	Austin Long	412 NW 10 th St.	Ocala, Fl. 34475
D	James Noell	512 SE 3 rd St.	Ocala, Fl. 34470
D	Jeffrey Sailor	1266 SE Ft. King St.	Ocala, Fl. 34470
D	Michelle Smith	131 SW 15 th St.	Ocala, Fl. 34470
D	Ron Thibodeaux	110 E. Silver Spgs. Blvd	Ocala, Fl. 34470
D	Ken Vianello	3651 NE 67 th Terr.	Silver Spgs. 34470