

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N22381

1. Corporation Name

E X T R A (EXPLORING TOMORROW'S REVOLVING CREDIT ALTERNATIVES), INC.

Principal Place of Business

Mailing Address

~~C/O CHRISTINE HARLAND~~
900 WINDERLEY PLACE, THE SPECTRUM BLDG.
MAITLAND FL 32751

~~C/O CHRISTINE HARLAND~~
900 WINDERLEY PLACE, THE SPECTRUM BLDG.
MAITLAND FL 32751

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~C/O BONNIE WALKES~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~C/O BONNIE WALKES~~
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
TD	BREAUX, CURLEY Bird Song, David	3854 AMERICAN WAY 200 Wildwood PKWY
✓D	BROMWELL, RICHELE SKELTON, LYKE	7 RIVER PARK PLACE 2065 ALBERT STREET
✓D	MCCULLOUGH, HELEN T KUEHL, DICK	1441 SCHILLING 1720 RUSKIN STREET
✓S	MORRIS, BOB MOYER, PRISCILLA	555 PRINCE CHARLES DRIVE P.O. BOX 809051
D	RUBUSTELLI, STEFANO	CALLE CENTENARIO 158, LA MOLINA

4. City / State / Zip

BATON ROUGE LA
Birmingham AL 35209
FRESNO CA 93720
REGINA, SASKATCHEWAN, CANADA
SALINAS CA 93912
South BEND, IN 46604
WELLAND ONTARIO CA 13B35
DALLAS, TX 75380-9051
LIMA, PERU 12

500002840565--7
-04/15/99--01095--004
***306,25 ***306,25

8. Name and Address of Current Registered Agent

HARLAND, CHRISTINE
900 WINDERLEY PLACE
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name
WALKES, BONNIE Paysys International
Street Address (P.O. Box Number is Not Acceptable)
900 Winderley Place, The Spectrum Bldg
Suite, Apt. #, Etc.

City
Maitland

State Zip Code
FL 32751

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Bonnie Walkes*

REGISTERED AGENT MUST SIGN

Date 4-8-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: *David Birdsong*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99 205-6675205
Date Date of Phone #

99 APR 12 AM 10:53
STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 18-99

09/08/1987

5. FEI Number

59-2912039

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

CREATED 10/98