

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N36391

1. Corporation Name

CHRISTIAN CREDIT COUNSELORS, INC.

Principal Place of Business

Mailing Address

450 SEMINOLA BLVD
CASSELBERRY FL 32707

851 SO COAST HWY 101
ENCINAS CA 92024

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1990

5. FEI Number

59-2991517

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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	City / State / Zip
1	2	3	4
PD	MCTAGGART, EDWARD J.	2821 ROUNDABOUT LANE	ORLANDO FL
D	MCTAGGART, SONIA J.	2821 ROUNDABOUT LANE	ORLANDO FL
D	RUBENSTEIN, LAVERNE	1287 PRINCE COURT	HEATHROW FL 32746
D	HOLT, EDWIN	679 CRICKLEWOOD TERRACE	HEATHROW FL 32746
800004670568--9 -11/07/01--01033--027 ****245.00 ****245.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCTAGGART, EDWARD J.
2821 ROUNDABOUT LANE
ORLANDO FL 32818

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

10-15-01

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-01 (760) 602-6428

CR2E040 (8/01)