

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49019

1. Corporation Name

FAMILY CREDIT COUNSELING CORPORATION

Principal Place of Business

19919 DEAN DR.
BOCA RATON FL 33434

Mailing Address

19919 DEAN DR.
BOCA RATON FL 33434

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

2. New Principal Office Address, If Applicable

4800 N. State Rd 7

Suite, Apt. #, etc.

Suite F112

City & State

Lauderdale Lakes

Zip

33319

Country

USA

3. New Mailing Office Address, If Applicable

4800 N. State Rd. 7

Suite, Apt. #, etc.

Suite F112

City & State

Lauderdale Lakes

Zip

33319

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1992

5. FEI Number

65-0334713

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TAYLOR, LEONARD	19919 DEAN DR.	BOCA RATON FL 33434
D	KENDALL, RICHARD	2900 UNIVERSITY DR	CORAL SPRINGS FL 33065
D	SCHEFF, SAMUEL	8280 NW 98TH AVENUE	TAMARAC FL
			800005864978--3 -06/19/02--01066--003 ****428.75 ****428.75

8. Name and Address of Current Registered Agent

TAYLOR, LEONARD
19919 DEAN DR.
BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

6/4/02

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

6/4/02
Date

(954) 670-2700
Daytime Phone #

FILED

02 JUN -5 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

99-02

CR2E040 (8/99)