

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N93000000653

1. Corporation Name

CONSUMER CREDIT ASSISTANCE, INC.

Principal Place of Business

Mailing Address

1850 Lee Rd #330
Winter Park, FL 32789

Same

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

2. New Principal Office Address, If Applicable

1850 Lee Rd
Suite, Apt. #, etc.
330

City & State
Winter Park, FL

Zip
32789

Country
USA

3. New Mailing Office Address, If Applicable

888 Bentley Green Circle
Suite, Apt. #, etc.

City & State
Winter Springs, FL

Zip
32708

Country
USA

4. Date Incorporated or Qualified
To Do Business In Florida

3/8/93

5. FEI Number

59-3177429

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ SB 75c 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	STEVEN HOFFMAN (D)	888 Bentley Green Cir Winter Spgs, FL 32708	WTR Spgs FL 32708
D	LAURENCE ABRAHAM ESQ. (D)	5445 N. Sheridan Chicago, IL	Chgo, IL 60645
D	LORI THORNTON (D)	7005 Corel	Skokie, IL 60077
			000003058570--7 -12/02/99--01037--022 ****245.00 ****245.00
			11/12/99

8. Name and Address of Current Registered Agent

STEVEN HOFFMAN
888 Bentley Green Cir
Winter Springs, FL 32708

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]

REGISTERED AGENT MUST SIGN

Date

11/18/99

11. This corporation owes 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:

[Signature]

STEVEN HOFFMAN

Date

11/18/99

Daytime Phone #

407 463-2702

CP25001 (12/98)