

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02



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11/21/02--01015--001 **236.25

DOCUMENT # N95000003490

1. Corporation Name

CONSUMER DEBT RESOLUTION CONSULTANTS, INC.

Principal Place of Business

Mailing Address

~~524 41ST STREET~~
~~302~~
~~MIAMI FL 33140~~
~~US~~

~~524 41ST STREET~~
~~302~~
~~MIAMI FL 33140~~
~~US~~

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1995

5. FEI Number

65-0600310

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

20801 BISCAYNE BLVD #403
Aventura FL 33180

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	GRABARNICK, TRACI	524 41ST ST 20801 BISCAYNE BLVD #403	MIAMI BEACH FL 33140
T	GRABARNICK, DAWN	6480 ALLISON RD	MIAMI BEACH FL 33141
T	SHARE, T.D	524 41ST ST #302	MIAMI BEACH FL 33140
ST	GRABARNICK, T.	6480 ALLISON	MIAMI BEACH FL 33141
New address? Business		20801 BISCAYNE BLVD #403 Aventura FL 33180	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLASER, ALLAN M
11900 BISCAYNE BLVD.
SUITE 807
MIAMI FL 33181

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/15/02

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

Date

Daytime Phone #

11/15/02