

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 PM 2:01

DOCUMENT # N95000003490

1. Corporation Name

Consumer Debt Resolution Consultants, Inc.

2. Principal Office Address - No P.O. Box #

5700 Collins Ave.

Suite, Apt. #, etc.

Suite 5L

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

PO Box 801603

Suite, Apt. #, etc.

City & State

Aventura, FL

Zip

33280-1603

Country

USA

000162955780
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KS

REINSTATEMENT 03-09

4. Date Incorporated or Qualified
To Do Business in Florida July 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

7. Name and Address of Current Registered Agent

Name

Stuart Share

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

11900 Biscayne Blvd.

Suite, Apt. #, Etc.

Ste 280

City

No. Miami

State

FL

Zip Code

33180

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/12/09

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Traci G. Share	3185 NE 207 Terr.	Aventura, FL 33180
VP	Garett Grabarnick	5700 Collins Ave. 5L	Miami Beach, FL 33140
D	Marty Miller	801 N. Venetian Dr. 1208	Miami Beach, FL 33139

10. E-mail Address: cdcc2009@gmail.com

(To be used for future annual report notification)

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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-09 305-8658229

Date

Daytime Phone #