

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 NOV -8 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000003987**

1. Corporation Name

DEBT MANAGEMENT CORPORATION

Principal Place of Business

7457-1 103RD ST.
JACKSONVILLE FL 32210

Mailing Address

7457-1 103RD ST.
JACKSONVILLE FL 32210

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

2. New Principal Office Address, If Applicable

1677 WALLS RD.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite E

City & State

ORANGE PARK, FL.

City & State

Zip

32073

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1996

5. FEI Number

59-3404549

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RODRIGUEZ, WILMA E	3727 CONSTANCIA DR.	GREEN COVE SPRING FL 32043
D	DANIEL, BEVERLY	P.O. BOX 542 N/A	MIDDLEBURG FL 32050
D	SALAZ, EDWARD	5584-4 TIMUQUAMA RD.	JACKSONVILLE FL 32210
D	RODRIGUEZ, JOSE	7457-1 103RD ST.	JACKSONVILLE FL 32210
			900004706609--8 -12/05/01--01072--019 ****236.25 ****236.25
			900004706609--8 -12/05/01--01072--020 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

MCCLEAN, TOM
4503 IRVINGTON AVENUE
SUITE 6
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

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

Tom McClean

Date **11-6-2001**

REGISTERED AGENT MUST SIGN

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

Julie A. Johnson

Julie A. Johnson

10/29/01 (904) 269-7718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2ED040 (8/01)