PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC -7 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000000827**

1. Corporation Name

CONSUMER CREDIT PROTECTION AGENCY, INC.

Principal Place of Business	Mailing Address
324 NORTH DALE MABRY HIGHWAY SUITE ~~102~~ 100 TAMPA FL 33609	324 NORTH DALE MABRY HIGHWAY SUITE ~~102~~ 100 TAMPA FL 33609

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

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2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
324 North Dale Mabry Highway	
Suite, Apt. #, etc.: Suite #100	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33609 Country: Hillsborough	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/13/1997

5. FEI Number: 59-3427080 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	FEINBERG, RICHARD	324 N DALE MABRY HWY, STE 100	TAMPA FL 33609
VDST	Velilla, Manuel	324 N Dale Mabry Hwy, Ste 100	Tampa FL 33609
VD	SMITH, PATRICK	324 N DALE MABRY HWY, STE 102	TAMPA FL 33609
			200002709792--0 -12/11/98--01022--023
			****245.00 ****245.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Richard Feinberg 324 NORTH DALE MABRY HIGHWAY SUITE 100 TAMPA FL 33609	Name: Manuel Velilla Street Address (P.O. Box Number is Not Acceptable): 324 North Dale Mabry Highway Suite, Apt. #, Etc.: Suite 100 City: Tampa State: FL Zip Code: 33609

CR2E040 (9/98)

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 Date: 11/27/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 REQUIRED 11/27/98 (813) 879-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #