

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR -7 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004742

1. Corporation Name

FLORIDA CREDITORS BAR ASSOCIATION, INC.

REINSTATEMENT 02-08

CR2E081 (12/07)

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

4417 BEACH BOULEVARD

Suite, Apt. #, etc.

SUITE 400

City & State

JACKSONVILLE, FLORIDA

Zip

32207

Country

USA

3. Mailing Office Address

P.O. BOX 47718

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32247

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 08/20/1997

5. FEI Number

☐ 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

MICHAEL THIEL DEBSKI

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

4417 BEACH BOULEVARD

Suite, Apt. #, Etc.

SUITE 400

City

JACKSONVILLE

State

FL

Zip Code

32207

☒ 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

3/31/08

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
D	MICHAEL DEBSKI	4417 Beach Blvd., Ste. 400	Jacksonville, FL 32207
D	ALLISON WALTERS	103 South Blvd.	Tampa, Florida 33606
D	STEVEN CANTER	2300 Maitland Center Pkwy Ste. 200	Maitland, Florida 32751

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10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Debski

3/31/08

Date

(904) 425-0901

Daytime Phone #