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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 00-05

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006837

1. Corporation Name
ALTERNATIVE CREDIT SOLUTIONS, INC.

2825 Skimmer Point Drive S.
2825 Skimmer Point Drive S.

2. Principal Office Address		3. Mailing Office Address	
2825 Skimmer Point Drive S.		2825 Skimmer Point Drive S.	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State: St Petersburg		City & State: St. Petersburg	
Zip: 33707	Country: USA	Zip: 33707	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/18/1999

5. FEI Number: 59-3609074 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RENE V GIGNAC JR

Street Address (P.O. Box Number is Not Acceptable): 2825 Skimmer Point Drive S.

Suite, Apt #, Etc:

City: St Petersburg | State: FL | Zip Code: 33707

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: R. V. G. JR. Date: 1/28/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	RENE V GIGNAC JR	2825 Skimmer Point Drive S.	St. Petersburg FL 33707
D	THOMAS DEPERGOLA	2825 Skimmer Point Drive S.	St. Petersburg FL 33707
D	ANDREW LORING GREGORY	2825 Skimmer Point Drive S.	St. Petersburg FL 33707

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 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: R. V. G. JR. 1/28/05 1-800-400-3839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

ALTERNATIVE CREDIT SOLUTIONS, INC.

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