

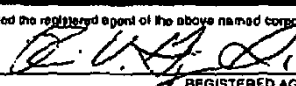
To: FL Dept. of State
Subject:

From: Katie Wonsch

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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 <u>00-05</u> FILED 05 FEB -7 PM 1:57 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 2825 Skimmer Point Drive S.		3. Mailing Office Address 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 ☒ 5375: 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 		Date 1/28/05			
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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)(b), 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: 		Date 1/28/05 1-800-407-3839			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

0162.34383

CORPORATION REINSTATEMENT

ALTERNATIVE CREDIT SOLUTIONS, INC.

Certificate of Status	1
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