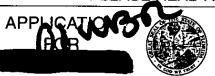
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 15 PM 5: 02

SECRETARY OF STATE. TALLAHASSEE, FLORIE:

DOCUMENT # **P0000026951**

1. Corporation Name

ASSOCIATED COMMERCIAL COLLECTIONS INCORPORATED

Principal Place of Business 71 S DIXIE:HWY,STE 2 ST AUGUSTINE FL 32095	ress fWY STE 2 NE FL 32095							
Suite, Apt. #, etc. City & State City & ZipCountry. Zip		New Mailing Office Address, If Appliite, Apt. #, etc. y & State Country		5. FEI Numbe 5 9 - 6. CERTIFICAT		94 	Applied For Not Applicable 8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (F Title(s) 1 2 Name of Officers and/or Directors		orida nonprofit corporations must list at lea Street Address of Each Officer and/or Director		h	City / State / Zip			
P REINHALTER, MARGARET M		P O BOX 063			VERO BEACH FL 32961			
ASSOC METER CONT.				31	10004 71 -12/04/0 ****150	U375 101034 .00 ***	*150.00	
					Ola	3K !	i TS	
8. Name and Address of Current Registered Agent OBERNIER, MARC T 325 39 COURT SW VERO BEACH FL 32960				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
10. I, being appointed the registered agent of the Signature of Registered Agent	above named corpo	ration, am fan	miliar with and accept the o	bligations of Secti	ion 607.0505, F.S.	FL 19-0		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

OCT-17-2001

Daytime Phone #

ORZEC





Florida Dept. of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL. 32302

October 17, 2001

This letter is to inform the Division of Corporations that Associated Commercial Collections Inc. 71 South Dixie Hwy. Suite #2, St. Augustine, FL. 32084 <u>did not</u> receive the first filling notice for the year 2001.

A completed UBR along with the filling fee of \$150.00 was sent on September 2nd, 2001.

A second completed UBR is enclosed with the filing fee of \$150.00 as requested by your representative Michelle, in a phone conversation on October 17, 2001. We assume the first filing was lost as the check has not been cashed and therefore request the reinstatement penalties be waived.

Sincerely;

Margaret M. Reinhalter

President

71 South Dixie Highway Suite #2 • St. Augustine, FL 32084

PHONE: (904) 824-8083 • FAX: (904) 824-0912 • TOLL FREE: (888) 713-5447