

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 26 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109339

1. Corporation Name

FAMILY CREDIT CORPORATION
W05000016848

2. Principal Office Address

831 SHADOW RIDGE DR
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 11965
Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32514

Country

ESCAMBIA

Zip

32524

Country

ESCAMBIA

4. Date Incorporated or Qualified
To Do Business in Florida

11-22-00

5. FEI Number

59-3683481

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

GREGORY POMAS

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

831 SHADOW RIDGE DR.

Suite, Apt. #, Etc.

City

PENSACOLA,

State
FL

Zip Code

32514

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

3-4-05

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
P	GREGORY POMAS	831 SHADOW RIDGE DR	PENSACOLA, FL 32514
D	CARON POMAS	831 SHADOW RIDGE DR	PENSACOLA, FL 32514

100055373341
06/09/05--01061--013 **\$800.00

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:

X [Signature]

GREG POMAS

3-4-05

850-505-9427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ext 11

CR2E081 (01/05)

Premium Food



Premium Service

2002

P. O. Box 11965 • Pensacola, Florida 32524-1965
850-505-9427 • Fax 850-505-9648 • Toll Free 866-261-7542

May 23, 2005

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

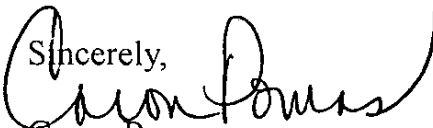
SUBJECT: FAMILY CREDIT CORPORATION
Ref. Number: P00000109339

Per your letter dated April 5, 2005, this letter is requesting a fee abatement due to non-receipt of the original/second notice of the annual report.

Enclosed is a check for \$600, along the reinstatement form you return with your letter and a copy of your letter dated April 5, 2005.

Please process this as soon as possible. If you have any questions, please call 1-866-261-7542 ext. 14.

Thank for your help in expidiating this process.

Sincerely,

Caron Pomas
Manager